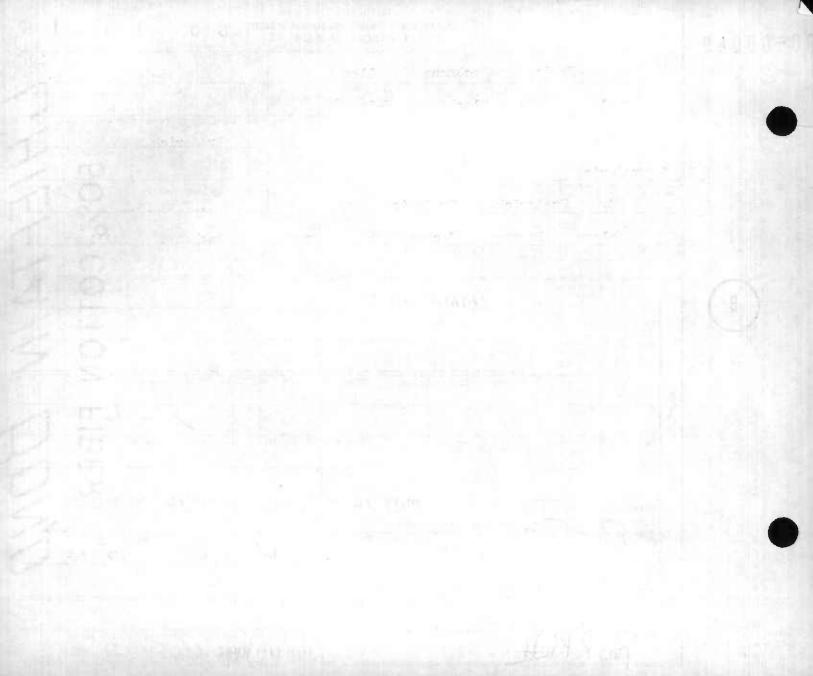
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page 3	3. SEX		Kamica	RACE	lochanne	A.	llen	6 AGE (IN YEARS LAST BIRTHDAY)	16-86	a.
ge 4 m rs offer. p	3. SE/	Female			Black		16-86° YEAR	99 YR	MONTHS DAYS	HOURS M
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the hose to DIREC to Dept.		22b. SIGNATURE	7 >	h view the body	atter death.		DEGREE ATTENDING	MEDICAL STAF	F	22c DATES	1010	
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TO House with Manager A	23a B	LIRIAL CREMATION				IAME OF C	METERY OR CREMATORY	23d LOCATION	Legerier	L' PICL.	Call Oll	
ВР	(SPECIFY Burial	1.	May 29	9,1986 M	ount	Cemeter	Frederic	k, Frede	Prick.	Md.	
DHMH - 16 60M 7/84	24 FL	INERAL DIRECTOR	iith,	eeney 8	Basiora	Fune	ral Home 250 DATE	REC'D. BY REGISTRAR	25b. REGISTRAR"	SSIGNATU	RE	
(VRA 15, 4)]	.06 East Ch	nurch	St., Fr	rederick.	Md.	21701	Julia Gulia	Toudans?	The Room		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	PEG NO		

							REG.	140.			
DECEASED		M	IDDLE	LAS			20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
OR PRINT	Madly	n F	Ruth	Ва	iley			05	07	86	3 20
SEX		4. RACE		5. DATE OF	BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY}		RIYEAR	IF UNDER 24 HRS
	Female	Cauca	sian	MO9	°Ô7	EÎÎ	72	YRS	MONTHS	DAYS	HOURS MIN
8. BIRTHPLA	CE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	B AAA DDIED	□ NEVER M	APPIED	9. BALTIMORE CITY	OR COUN	TY OF DE	ATH	
COOMINI	Maryland	U.S.A.		WIDOWED		ORCED	Frederic	k,			M
	OWN OF DEATH	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET A St Moser	ADDRESS)	OTHER INSTI	TUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS HOMEMAKE	T OF WORKING			BUSINESS O
SUAL RESID 30. STATE Mary1	DENCE (IF NURSING HOME 13b CO		SIVE RESIDENCE BEFORE 13c. CITY OR TOWI Thurmo	N 1	3d INSIDE CIT	Y LIMITS?	39 East M	S / ZIP CO loser	DE Road	/ 21	788
4 FATHER'S	NAME	WIDDLE	LAST	1	S. MOTHER'S	MAIDEN NA					
Jos	seph	E.	Brown		L	innie	M.DOLE			Wi	lhide
	CEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO. 1	7 INFORMAN	IT	15374	RESumm	it Fa	arm	Rd.
	No	GIVE WAR OR DATES!	214-54-2	406 V	era J.	Bench					PA.172
	USE OF DEATH (Enter RT I. DEATH WAS CAU		ine for (a), (b), one	mat	my of	Pailu	e			APPROXI	MATE INTERVAL
Condi	itions, if ony, which	(b)	Pleuro	d egy	lusion	\	4			21	renth
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MEDIC

21d INJURY OCCURRED

NOT WHILE

Burial

21e. PLACE OF INJURY

211 LOCATION

22e ADDRESS

CITY OR TOWN

COUNTY

apinion death accurred on the date and hour and from the causes stated

AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

DEGRE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

801 Toll House Ave., Frederick, Md.

22c. DATE SIGNED

should be detached far use as with the State Dept. of Health FUNERAL IMPORTANT Leroy T. Davis, M.D. 230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

24. FUNERAL DIRECTOR

If them 21 is marked or them 18 shar

and Mental Hygie

5/10/86

23c. NAME OF CEMETERY OR CREMATORY

Resthaven Mem. Grdns

23d LOCATION CITY OF TOWN Frederick

Frederick Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Dailey & Son F. H.

615 East Main Thurmont, Md.

wwidon Vandelle

(3)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I DECEASED NAME MIDDLE MONTH TYPE OR PRINTS Elaina Danielle Barnes 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR 0 Female Negro 29 86 TO. BIRTHPLACE (STATE OR FOREIGH 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED U.S.A DIVORCED T Marvland Frederick 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Frederick Frederick Memorial Infant USUAL RESIDENCE (IF NURSING HOLE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
136 COLINTY
137 CITY OF TOWN 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 444 W. South St Mary land Frederick NO 🗍 Frederick 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Kathleen Dorneece Barnes 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATES) No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c) PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21n. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

211 LOCATION

CITY OR TOWN

COUNTY

STATE

220.1 certify that (I) (this hospital) attended the deceased from sow the deceosed olive on_

226 SIGNATURE

WHILE NOT WHILE

230 BURIAL, CREMATION, REMOVAL

19 above, (1) (we) (did) (did not) view the body ofter death

DEGREE

22e ADDRESS

231 NAME OF CEMETERY OR CREMATORY

Frederick Memorial

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OF THE

Charles

E. Wright MD

23d LOCATION

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Frederick, Maryland

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

MEDICAL

ACORESS

whia Davidor

48	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 8 6 REG. NO.	4 5 1 7
		CEASED NAME FIRST	WIDDLE	DAD FRANCISCO		AY YEAR 26 HOUR
		Mary		BARTHLOW	May 16, 1986	IF UNDER 1 YEAR IF UNDER 24 HRS
	3 SE	Female	White	Sept. 19, 1934		ONTHS DATE HOURS MIN.
35		RTHPLACE (STATE OR FOREIGN SOUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY? U.S.A.		- 9 BALTIMORE CITY OF COUNTY	
194		rederick		NG HOME OR OTHER INSTITUTION ADDRESS HOPE TO THE CONTROL OF THE CO	120 USUAL OCCUPATION Never employe	126. KIND OF BUSINESS OR
35	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU		YES NO D	1421 Taney Av	e., 21701
	.14 FA	THER'S NAME FIRST Guy E1	MIDDLE Barthlo	is. MOTHER'S MAIDEN Cora	He len	Harper
medicol		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 166 SOCIAL SECTION (NE WAR OR DATES) 217-30-	7156 Street,	vin T. Barthlow. Frederick, Maryl	240 East 7th and 21701
/ Insent, the		PART I. DEATH WAS CAUS!	nly one couse per line fai (a), (b), ar ED BY: TE CAUSE (a) Cardis	e arrest.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
r other traumatic		Canditions, if any, which gove rise to immediate cause to stating the underlying cause last.	DUE TO, OR AS A CONSEOU (b) Adult DUE TO, OR AS A CONSEOU (c) CINER	4 days		
n to buri	ATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	erminal disease or condition give	N IN PART Tra
sony Sony	RTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
rem 18 sh	AL CE	21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT (OR PART 2)
rked or h	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
of Heolft 21 is mo		saw the deceased alive or	May 15 19 19 view the body after death.		10 May 16 1	9, that (1) (we) lost ond from the couses stated
If Item	-	22b. SIGNATURE		DEGREE ATTENDING	G MEDICAL STAFF	22c. DATE SIGNED May 16,1986
MPORTANT		22d PHYSICIAN'S NAME ITYPE	Redona mus	22e ADDRESS	Reform, MD 217	11ay 10,1700

106 E. Church St. Frederick, Md. 21701

DHMH - 16 60M 7/B4 (VRA 15, 4)

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(VRA 15, 4)

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RYLAND 21201	TENDING PHYSICIAN: The low requires that the death sentitiate be executed within 24 hours after death. Fage 4 may be pital or ottending physicion.	TOR. After this certificate has been signed by the or resing physical and completed tilled in by the tillerial poper 3 for use as the buriot-transit permit. Then please remay company is larger I and 3 that it he little a white 72 hours after death.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	es that the death centralists be executed a	ned by the or resing physical and complicate remay company to transport to the physical property of the physical property of the physical
DIVISION OF VITAL RECORDS.	TENDING PHYSICIAN: The low requirespital or ottending physicion.	TOR: After this certificate hos been up for use as the burial-transit permit. Then

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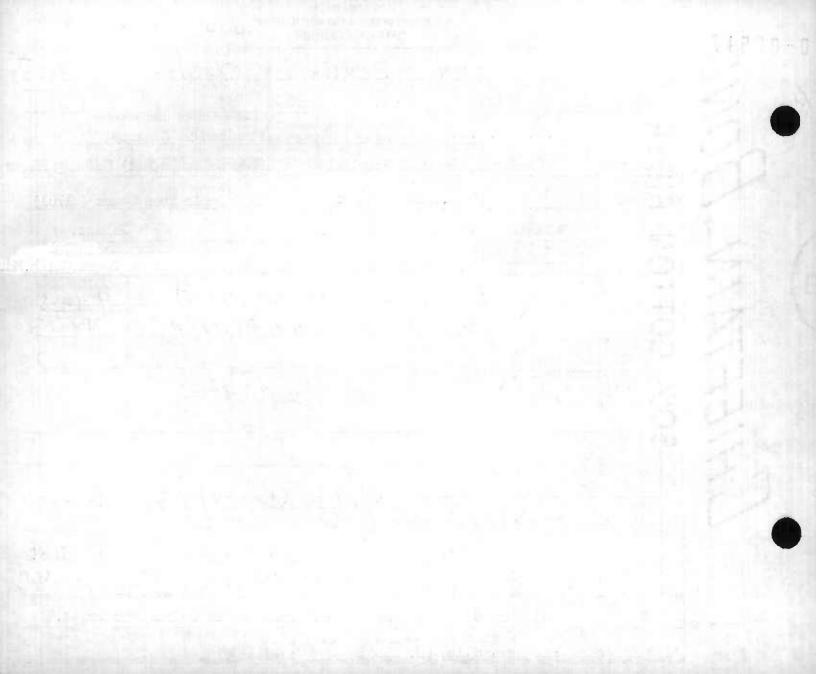
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4 7 1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	4 5 4
AT TO	DECEASED NAME FIRST MPE OR PRINT) Kennett	n Leon	Beale BEALE	May 13, 19	
1 1	Male	4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR July 23. 192	6 AGE (IN YEARS LAST BIRTHDAY) 21 64 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS.
101	BIRTHPLACE (STATE OR FOREIGN COUNTRY) ennsylvania	7b. CITIZEN OF WHAT COUNTRY? American		9 BALTIMORE CITY OR COUN	
9	CITY OR TOWN OF DEATH rederick	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Frederick Me	NG HOME OR OTHER INSTITUTION ADDRESS)	176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Minister	12b. KIND OF BUSINESS OR
JS 13c M	UAL RESIDENCE (IF NUR 11) COU	NOTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) // 13d. INSIDE CITY LIMITS?		od Drive
DU	Elmer	MIDDLE Beale	E the 1	MIOOLE	Cooper
219	WAS DECEASED EVER IN U.S. A 1.1. NO OR UNKNOWN) YES WWI	IVE WAR OR DATES)		ADDRESS Beale	Item 13
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CATION		INSALIN DE	DEATH BUT NOT RELATED TO THE TER PENDENT DIFF OPERATION WAS PERFORMED	BETES 46411	4 S YES, WERE FINDINGS USED
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4	22d PHYSICIAN'S NAME (TYPE Ronald E.)	OR PRINT) Miller, M.D.	22e ADDRESS	Dr., Mt. Air	5-13-8k
230	BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	Maryland STATE
/B4	FUNERAL DIRECTOR	ADDRESS ADDRESS	Commence of the Contract of th	ATE REC'D. BY REGISTRAR 25b. REGI	ISTRAR'S SIGNATURE

RALEA.

Roneld E. Tiller, M.B. (4 Culvell Dr., Mt. Airv. Md.

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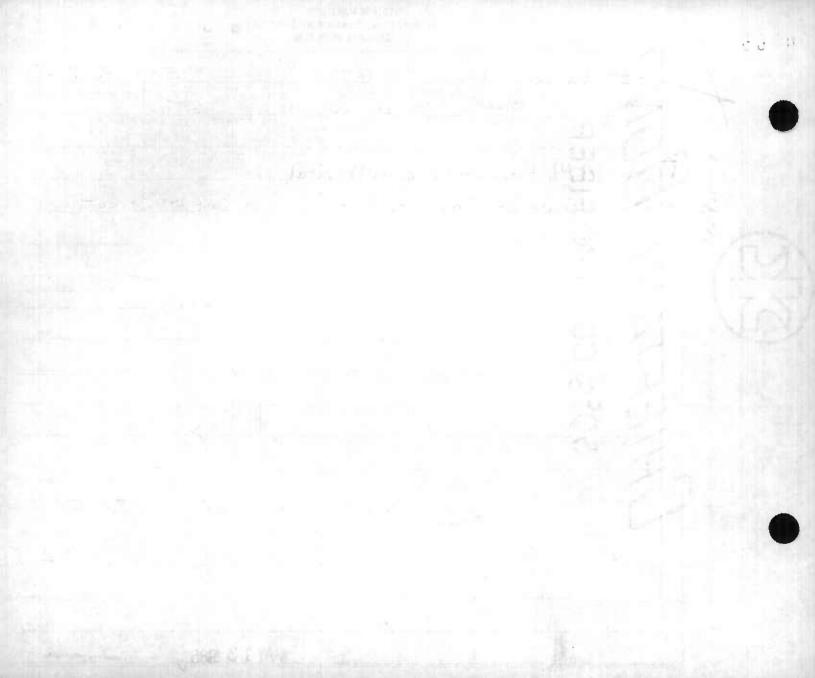
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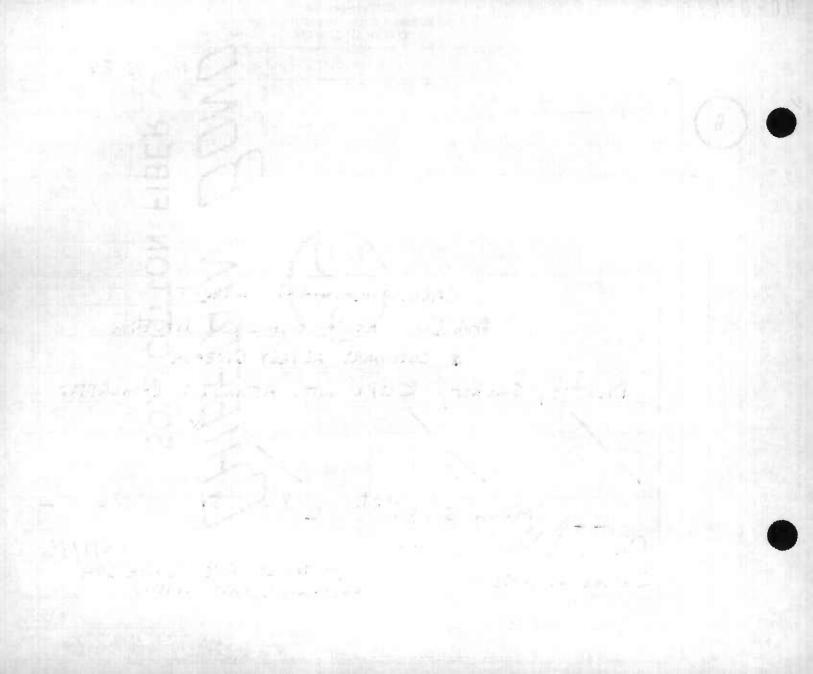
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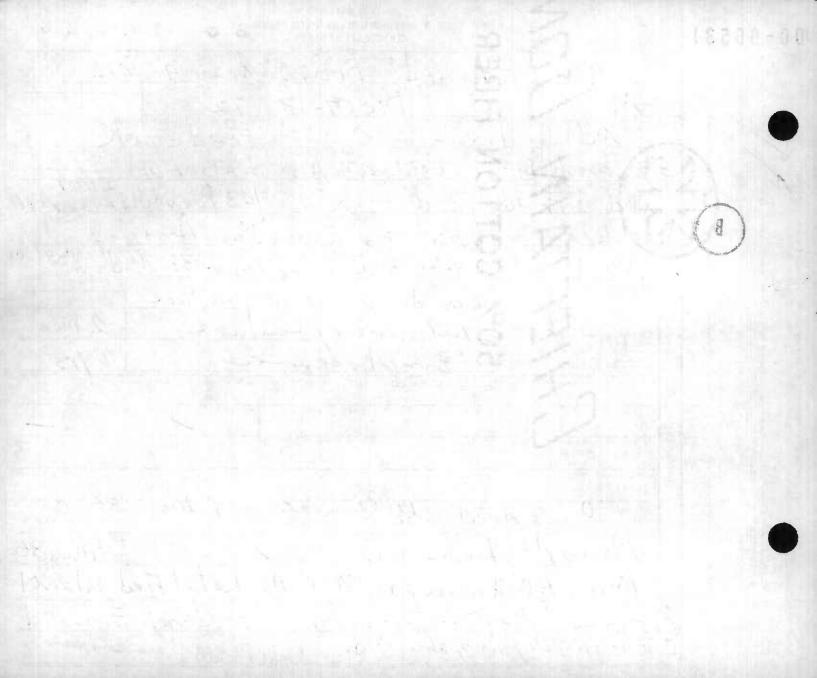


STATE OF MARYLAND 00-07585 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH I. DECEASED NAME 2b. HOUI TYPE OR PRINTS May 20, 1986 Sr. Leo Breen 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH 3. SEX MONTH Female White Dec. 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Boston, Mass. U.S.A. Frederick 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR type of work for most of working life Child Care Michael. INDUSTRY Emmitsburg Emmitsburg . Md Dgtrs. of LISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 333 S. Seton Avenue Frederick Md. Emmitsburg 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Robert Breen Mary Woods ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-54-2687 Sr. Josephine-Villa St. Michael . Emmitsburg APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line or (o), (I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE W. PRESTON ST Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause FICATION 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [710. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) 19 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on above, (1) (we) (and (did not) view the body after death __ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 226. SIGNATURE MEDICAL ATTENDING 20 May 86 PHYSICIAN X DIRECTOR PHYSICIAN ild be o 274. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS S. Seton Ave. Emmitsburg, MD 21727 Alan Carroll, M.D. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL Burial 22 May 86 St. Joseph's BP. Emmitsburg. Frederick. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 Skilles Funeral Home, Emmitsburg, MD 21727-0427 (VRA 15, 4)

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55 - 4 > 3	23a B	URIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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DHMH - 16 50M 4/82	24 FL	NERAL DIRECTOR DITTE L. Moleswo	rth. P A . De	Pris a Cita	Md . 250. M	APECP 9 RIGHTAR 25	REGISTRAR'S'SIGNATURE
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A CONTRACTOR OF THE PROPERTY O

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARTLAND	
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	saw the dece abay (1) Dve 27b SIGNATURE	rased live are (Vidid) (Ald no	at view the bady	e deceased from 196 after death.	66_,	nd that in my	ATTENDING PHYSICIAN	MEDICAL	STAF	F	r and Iram the	, the (we) last e couses stated E SIGNED
	Dr. P.		ry Rausc	ch, M.D.		4 Wes	st Sever	nth St.	, Fre	ederic	k, Md.	21701
23a	BURIAL, CREMATIO	N, REMOVAL	236 DATE	236. 1	NAME OF	EMETERY OR	CREMATORY	23d LOCA	MOITA			

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attershould be detached for use as the burnal-transit permit. Then please remove with the State Dept. of Health and Mental Hyggene prior to burial, cremotian

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is

Burial

106 East Church Street; Frederick, Md. 21701

May 23,1986 Mount Olivet Cemetery

Frederick, Frederick, Md.

24 FUNERAL DIRECTORSmith, Keeney & Basford Funeral Home MAY 23 1986

May 25, 1925 10:454 XX Conditions of the Condition 14-2-4 mode special familiary faring a fair one policebour of Controlors ar lond respective : Sime Line x -- at Food research and stand Enon was to any odge se light of the color of the color of the color of the color of the colors of the colo

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-Lawrence Windsor CLARK DEATH MATED 4. RACE 3. SEX 6 AGE (IN YEARS IF UNDER 1 YR. 5 DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED May 30, 1986 April 13, 1920 6 P Male White 66 YRS DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland Frederick County U.S.A. WIDOWED [DIVORCED M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS HE NOT IN SUCH FACILITY GIVE STREET ADDRESS)
Frederick Memoria FOR MOST OF WORKING LIFE) OR INDUSTRY Farming 1 Hospital Frederick SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? Thurmont 7626 Utica Road 21788 136 COUNTY Maryland Frederick 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Clark Clark Thomas Hutchinson Emma RS AFTER DE GIVE PAGE VITH FORM PAGES 1 XM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Mary M. ACTark 7626 Utica Rd. (IF YES, GIVE WAR OR DATES) 219-14-9335 Thurmont, Md. 21788 18 CAUSE OF DEATH (Enter only one couse per line for (of 10) and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . NO A 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY 220. I certify that I took charge of the remains described above, held an Autapsy ond in my apinion death resulted Hamicide ERAL DIRECT Undetermined manner Deputy DATE SIGNATURE PAGE 4
TO FUN
AFTER DE EXAMINER'S NAME Dr. Robert J. Thomas 812 Toll House Ave., Frederick, Md. ADDRES: 23a.BURIAL, CREMATION, REMOVAL 23b DATE 23r. NAME OF CEMETERY OR CREMATORY 23d LOCATION Buria1 Utica, Frederick, Md. STATE June 3, 1986 St. Paul's Cemetery 07/84 25M **DHMH** - 17 106 East Church St., Frederick, Md. 21701 (VR A15 ME (5))

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STATE OF MARYLAND

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 - 0 6 3 0 2 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME FIRST 2a. DATE OF DEATH TYPE OR PRINTS HALLIE REGINA COLEMAN J. SEX 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) MONTH FEMALE WHITE 29 1905 81 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED FREDERICK DIVORCED IB CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE FREDERICK MERIDIAN NURSING HOME HOMEMAKER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130, STATE 136 COUNTY 130 CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? MD Braddock Ave. FREDERIC FREDERICK 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST MIDDLE FIRST JOHN BART MARTHA ADDREDT. Frederick, MD 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT HEYES GIVE WAR OF DATEST LYES NO OR UNKNOWNS NO 8-46-Warrenfeltz, 10214 Allview Dorothy 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse lat, stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? be NO 21h. TIME OF INJURY 71a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH **JONOISION OF** (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 27a | certify that (1) (this hospital) oftended the deceased from saw the deceased alive an. and that in (my) (our) opinion death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the body after death 226 SIGNATURE DEGREE ATTENDING . MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

STATE OF MARYLAND

77e ADDRESS

Uniontown Lutheran Uniontown

23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4)

ld be MPORT,

> 24 FUNERAL DIRECTOR G. Douglas Stauffer Opossumtown Pike, Frederick, MD

/10/86

23a. BURIAL, CREMATION, REMOVAL

| SPECIFY) BURIAL

wha Dunavor-property

YES

COUNTY

22c DATE SIGNED

26 HOUR

12b. KIND OF BUSINESS OR

STINE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

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IF UNDER I YEAR

INDUSTRY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN 2h HOUR (TYPE OR PRINT) OF ESTI-Ceci 1 Lester Conner AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD YRS Male White 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRY) WIDOWED DIVORCED | Frederick County Marvland ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Brunswick Residence - 11 S. Virginia Ave. Laborer Railroad 13a STATE 1136 COUNTY 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Frederick 12 S. Virginia Ave. Brunswick Maryland NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE William 4 8 1 Edward Conner Coffman Florence 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 16 W. THE YES GIVE WAR OR DATES 705-12-1822 Gladys Dean - Brunswick, Md. 21716 Yes World War II 18 CAUSE OF DEATH (Enter only one couse per line) (o), (b), and (c).) ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to USED A CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🗍 NO X E 3 SHOULD BE I 71g. EXTERNAL CAUSE WAS 716 TIME OF INJURY 21¢ HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21 LOCATION EXECUTE THE CENTRE FORWARD PAGE 4 SHOULD BE FORWARD PAGE 3. TO FUNERAL DIRECTOR: PAGE 3. AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an and in my opinion Homicide Undetermined monner TITLE (SPECIFY) Deputy 812 Toll House Ave. EXAMINER'S NAME Robert J. Thomas, M.D. Frederick, Md. 21701 (TYPE OR PRINT) 230 BURIAL CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 5/5/86 Cremation Smithburg CREMATORY Smithburg, Washington, Md. 07/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR DHMH - 17 Silie Davidson John T. Williams Funeral Home Brunswick, Md. (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME AA IDDI E 20 DATE OF DEATH (TYPE OR PRINT) May 14,1986 Ethel Darby & AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH May 10, 1894 White Female BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Frederick County WIDOWED X O CITY OR TOWN OF DEATH 12h KIND OF BUSINESS Frederick Meridian Nursing Center Housewife DOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Clarksburg 26034 Frederick Rd. 20871 NO X Montgomerv 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME William Cecil Margaret Kinna ADDRES 25660 Old Hundred Rd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 216-18-7802 Katharine E. Linthicum, Dickerson, Md. No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. PNEUMONIA IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 GÉNERALIZED ARTERIOSCILAUS, I, URINARY TOACTINECTION, CORTICALINSUFFICENCE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES. WERE FINDINGS USED 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH P.M. 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN STATE NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from sow the deceased olive on MDY /Y.
obove, (t) (we) (did) (did not) view the body ofter death and that in (my) (ver) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MAY 16, 1986 ein 7. Menton of ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) GILCIN F. MEADORS. IN MY 810 TOW HUUSEAUC. FREDERICK, MID 2170 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial Hyattstown, Montgomery, Md. May 17, 1986 Hyattstown 4 FUNERAL DIRECTOR DHMH - 16 50M 4/83 NOlin L. Molesworth, P.A., Damascus, Md. (VRA 15, 4)

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STATE OF MARYLAND

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DATE OF DEATH	HIMO	DAY	VEAR	26. 14	OII

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27		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR P
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	3 SEX	Female	4 RACE Whit	e	5. DATE C	b. 6, 1900	6 AGE (IN YEARS LAST BIR	THDAY) IF US	MDER : YEAR	HOURS MIN.
5		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	.A.	Y2 B	D NEVER MARRIED	9 BALTIMORE CITY C	RCOUNTY OF		MD.
Ó	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Meridian Nursing Home						12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C Seamstres	F WORKING LIFE)	INDUSTRY	of BUSINESS OR Tailori
5	13a S	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION UNITY ederick	GIVE RESIDENCE BEF	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 415 Lee P	ZIP CODE 1ace 2	1701	
1	14 FA	ATHER'S NAME FIRST Harvey	MIDDLE O.	Haines		15. MOTHER'S MAIDEN NAM	MIDDLE V		Say1	
1	16a W	VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (18 YES O	ARMED FORCES? BIVE WAR OR DATES) ONE	166 SOCIAL SE 216-03-			Wilma O. Br	own 142		
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2	CERTIFICATION	PART 2 OTHER SIGNIFICAN			NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM ION FOR WHICH OPERATION WAS PERFORMED			20b. IF YES, W	ERE FINDIN	NGS USED
5		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (AE OF INJURY R. A.M. MONTH DAY YEAR P.M. 19			YES NO A	YES THE PART I	OR PART 2)	но 🗍	
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		220 I certify that (I) (the saw the deceased olive obove, (I) (1) (1) (1) (1) (21), SIGNATURE	an	4/26 19	86 ar	name (a) (b) (c) opinian c	, to leath accurred on the d	ate and hour an		Allert Control of the
/		ATTENDING MEDICAL ST. PHYSICIAN STANDARD DIRECTOR PHYS 270 ADDRESS Dr. Robert S. Hughes 700 Montclaire Ave.,							5/3	21701
	23n B	RUPLAL CREATATION REMOVE			(NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	riedell	ca, m	0. 21/01
	(Buria1	May 2	9,1986	Union	Chapel Cemeter	Liberty	town, F	reder	ick, Md.
4	24 FL	INERAL DIRECTORS mith	, Keeney h St., F	& Basic rederick	, Md.	eral Home 25 DANS 21701	BEC'D BY REGISTR	Sh REGISTRAR	S SIGNAT	ure

DHMH - 16 60M 7/B4 (VRA 15, 4)

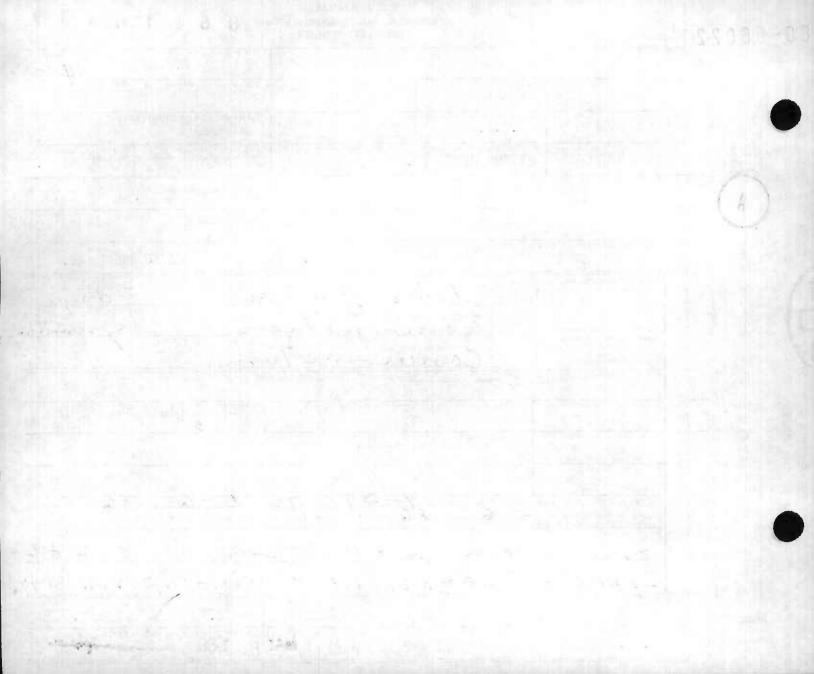
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STATE OF MARYLAND



00-01/19		REGISTRAR		CERTIFICATE OF DEATH	REG. NO		
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5 1 1	4	REDERICK	NOR th Ampton	MANOR	HOUSE WILL	E WORKING LIFE) INDUSTRY	
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RECORD low requirements the eprior to	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USEIN CERTIFYING CAUSES OF DEAT	TH?
At The ston	E		The state of hallow	Tax Haven house	YES NO	YES NO	
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75 52 38	23a.	BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION		

5/26/86 Blue G. DOUGLAS STAUFFER

1621 Opossumtown Pike, Frederick, MD

BURIAL

24 FUNERAL DIRECTOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💢

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR

Blue Ridge Cemet

CITY OR TOWN

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Frederick MD

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

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	a boo	3 SE	X	4 RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRTI	MONTHS DATS	
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5	the day	F	REDERICK	FREDERICK N	EMORI	AL HOSPITA	L SELF-EMP		CKING
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AL RECO	he low roon. hos bee	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED ES OF DEATH?
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9	ertificial intol	¥	OR CONTRIBUTING CAUSE OF D	CAIR	DAT TEAK	A 15 (1)			
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DIVISION OF VIT	offer the street of the street	2	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC)	SIREET	(11) 04 101		
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	prodice produced for the state of H		saw the deceased alive a	on 7/45 /6 11	86.0	nd that in () (our) opinio	on death occurred on the do	te and hour and from th	e couses stoted
	hos hos hed hed ept.		226. SIGNATURE			DEGREE			ESIGNED
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	etoined by TO FUNER with the Sto		22d. PHYSICIAN'S NAME (TYPE		10	22e ADDRESS	US & AVE, FRE	-NEZIU MO	2-1701
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	0 f 0 f 3 g		BURIAL, CREMATION, REMOVA	AL 236. DATE 2	31 NAME OF	EMETERY OR CREMATOR	Y 23d LOCATION		
	BP		BURIAL	5/19/86	Union	Chapel Ce	m. Liberty	townFrede:	rickMD
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STATE OF MARYLAND

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	STATE OF MARYL
FOR	DEPARTMENT OF HEALTH AND
- STATE	CERTIFICATE OF

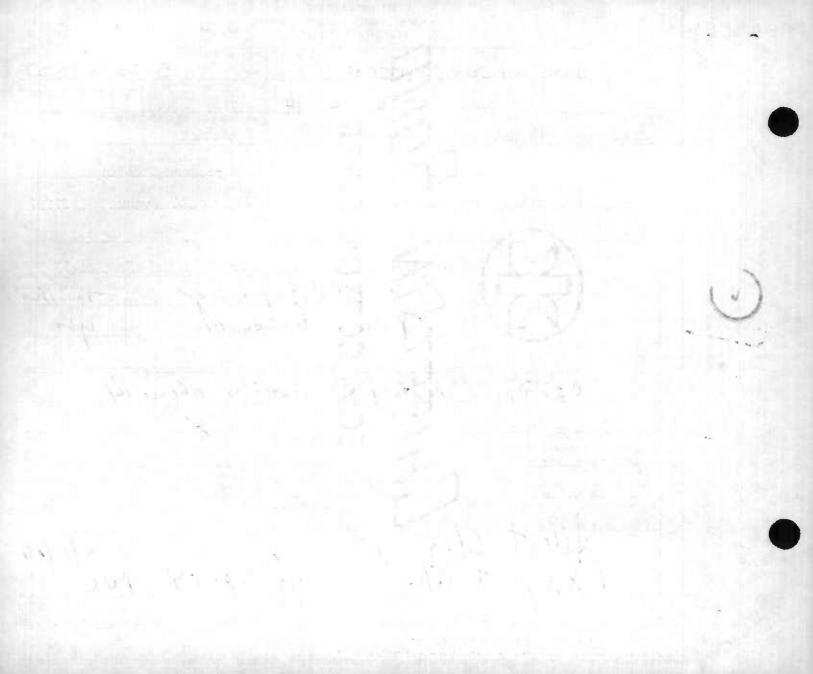
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	REG, NO.	141				

1		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.			
1		CEASED NAME	sabe 11		Mae	FR	AST Y	20 DATE OF DEATH		26 HOUR 10:30 P		
	1.50	Female		4 RACE White		Jan.	5, ⁰ 1910 YEAR	6 AGE (IN YEARS LAST BIR				
1	ALC: NO	ryland	OR FOREIGN	76. CITIZEN OF		MARRIEI WIDOWE	NEVER MARRIED DIVORCED		R COUNTY OF DEATH			
1	Frederick 11. Name of Meric			Merid.	ian Nur	sing Ho	OR OTHER INSTITUTION	126 USUAL OCCUPATION 126 KIND OF BUSINES: INDUSTRY HOME				
1	IJn S M	AL RESIDENCE (IF NO STATE aryland	136 COUN	other institution ITY erick	13c CITY OR TO	QWN I			ZIP CODE ge Street 2	1710		
-	1	Spence	r	WIDDIE	Jones		15 MOTHER'S MAIDEN NAME ERRET	MIDDLE		kins		
200	160 W	VAS DECEASED EVE YES NO OR UNKNOWN) NO		E WAR OR DATES	212-50		17 INFORMANT Mrs. Mt. A	Vida Brown iry, Md. 2	1771			
1		18 CAUSE OF DEA	ATH (Enter on	ly ane cause per	line far (a), (b),	and (C)			BETWE	ROXIMATE INTERVAL EEN ONSET AND DEATH		
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1				DUE TO, OF	R AS A CONSEC	QUENCE OF		0 1 V	ger	ure.		
-		Conditions, if any, which (b) type B P + generally of arbentestles							No. I shewere	yeary		
1		couse (o), stating the \ DUE TO, OR AS A CONSEQUENCE OF										
1		underlying cau	ise lost	(c)								
	NOI	PART 2 OTHER SI	GNIFICANT O	tiple	ONTRIBUTING	COST	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	IDITION GIVEN IN PART	Tito		
1	CERTIFICATION	190 DATE OF OPER	RATION	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	YES NOXX	20b. IF YES, WERE FIN IN CERTIFYING CAU YES			
	CER	21a. ACCIDENT WAS U		110000000000000000000000000000000000000	F INJURY M. MONTH	DAY YEAD	21c HOW INJURY OCCURR		IRY IN ITEM 18 PART 1 OR PART	21		
3	CAL	OR CONTRIBUTING		1.61		19						
	MEDICAL	21d INJURY OCCU		21e PLACE (OF INJURY LET FACTORY OFFIC	CE FARM ETC)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE		
		220 1 certify that sow the dece- abave. (1) (we	osed alive on	5 -1.	86 19		od that in (my) (aur) apinion of	to 5 c 2 c	7-96, 19ote and haur and fram	, that (1) (we) last the causes stated		
		226 SIGNATURE		The transfer of the transfer o	a de la constante de la consta	r 1	DEGREE			ATE SIGNED		
		6/	13mx	nn	verter	>		DIRECTOR PHYSIC		129-86		
1		22d PHYSICIAN'S	NAME (TYPE O	R PRINT)			22e ADDRESS					
			r. Rex	R. Mar	tin		220 North Ma	rket St.,	Frederick,	Md. 21701		
		URIAL, CREMATION	N, REMOVAL	236. DATE	23	C. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE		
		Burial		May 30			lence Cemetery		, Frederick	, Md .		
	24 FU	INERAL DIRECTO	Smith,	Keeney	& Basfo	rd Fune	ral Home 250 DATE	REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	NATURE		
	1.0	6 East Cl	urch S	t., Fre	derick,	Md. 21	701 JUN 03 1	300 June 10	Agon-Nousen			

DHMH - 16 60M 7/84 (VRA 15, 4)

DITLE COURT STREET STORE 10148 . II. Late of ... of a retail that materia .ll xp l .uu ALT FOLDS OF THE PROPERTY I CONTRACT OF THE PROPERTY OF THE PR Central Leader water grand with AND -net south at., Irenesick, at. 227m. July D.S. 1865. Headeld



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME LAST 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) 1986 GRABILL Elwood Thomas IF UNDER 1 YEAR 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHBAY) MONTH HOURS Male White 1922 63 Aug. BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED XX COUNTRY Frederick County, U.S.A. Maryland WIDOWED DIVORCED O. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Frederick Citizens Nursing Home Never worked None DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 IJSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY 136. CITY OR TOWN Walkersville 21793 Frederick Walkersville Maryland YES TX 15 MOTHER'S MAIDEN NAME Walter MIDDLE MIODLE O. Grabill Green L. Minnie 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT 3 Staley Avenue (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 220-74-2908 Kenneth W. Grabill, Frederick, Md. 21701 No None 18 CAUSE OF DEATH Enter only one couse per line for joi, (be and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION BHP 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO # NO 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ental MEDICAL I IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 20 AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased glive on and that in (my) (ear) opinion death occurred on the date and hour and from the causes stated obove, (1) (ve) (did) (did not) view the body ofter death DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS should be with the S MPORTA 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL STATE (SPECIFY) May22, 1986 Mount Hope Cemetery Burial Woodsboro Frederick Md. 74 FUNERAL DIRECT Smith, Keeney & Bastord Funeral Home DHMH - 16 60M 1/75 (VRA 15(4)) 106 East Church Street, Frederick, Md. 21701

A country of the latest the country of the country Cod sast Obugan Fragely Consider at 1, 21701 MAY 25 1986

06548	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	0 0	145	4 6
	1 DE	CEASED NAME FIRST		MIDDLE		AST	REG. NO.	1 DAY YEAR	2b HOUR
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offer of the c	3 SE	Female	4 RACE Whit	е	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
35		RIHPLACE ISTATE OR FOREIGN COUNTRY) Frederick, Md.	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	MD
奶		ry or town of death Frederick	Meridi	an Nursin	address) lg Cer	rother institution iter=Frederick	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Housekeeper	INDUSTRY	F BUSINESS OR
35		AL RESIDENCE (IF NURSING HOME OF TATE 13b COURT Fred Co	OTHER INSTITUTION OTTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Frederic		13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP	CODE t St. 2	21701
101	14. FA	THER'S NAME John	MIDDLE	Falk		IS. MOTHER'S MAIDEN NAME Elizabet	WE	LAS	Davis
med-co	16a V	VAS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 220-34- Unknown	-0346		re. Frederick, sing Center-Fr		01
hen please remain corboto to burial, crematio or ser- jury, or other traumatic ever	NO	PART I. DEATH WAS CAUSE IMMEDIA* Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (DUE TO, O	R AS A CONSEQUE And T	NCE OF		t Disease	10	
9	CERTIFICATION	190 DATE OF OPERATION	196 COND		,	N WAS PERFORMED	200 AUTOPSY? 20b. IN C	IF YES, WERE FINDIN CERTIFYING CAUSES YES	OF DEATH?
of-trom		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	TH HOUR A.	M. MONTH DA	YEAR	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
of Healt		220.1 certify that (1) (this hospi saw the deceased alive an above, (1) [well/did] children		19_	, 01	d that in (my) (our) opinion (, to death accurred an the date an		that (It (we) last causes stated
ore Dept		77% SIGNATURE	luf)	Lv.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE	SIGNED
should be with the S		226. PHYSICIAN'S NAME TIMES	erentil)			22e ADDRESS			
s 3 <u>3</u>		URIAL, CREMATION, REMOVAL SPECIFY) Removal	236 DATE 5-9		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
16 60M 7/84 (A 15, 4)	24 FL	INERAL DIRECTOR	my Boa:	rd ADDRESS	Balto		E REC'D. BY REGISTRAR 25b. RI	EGISTRAR'S SIGNAT	URE delle

10011-00 and the state of t COVER STATE WELL SHEET SHEET SHEET STATE OF THE s Late More now More have well as a serie of the D. I we have Cartin Control of the Control of the

Tracey " Home For The Aged, 115 Record St. Frederick, Maryland 21701 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OR TOWN STATE and that in (my) (que) apinian death accurred an the date and have and from the causes stated The DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 801 Toll House Ave., Fred. Md. 21701 Burial Mt. Olivet Cemetery Frederick Frederick Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 107 O. O. 1500 Guly Davidson Handell

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR 00

IF UNDER LYFAR

INDUSTRY

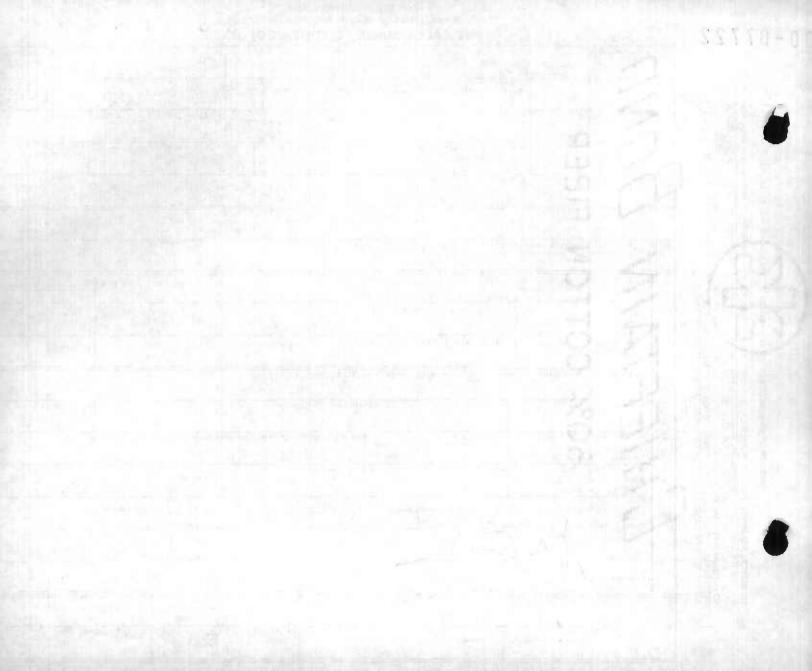
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 10-07777 REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN XT MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS ROXANNE 22 19 86 HEISER 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR SEX DATE YEAR LAST BIRTHDAY) PRONOUNCED 9:55 DEAD 19 86 56 PEMALE WHITE 00 20 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY) DIVORCED WIDOWED Frederick County ED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY SHOULD BE FILE IL RECORDS, 201 FOR MOST OF WORKING HEEL 5115 Mt. Zion Rd. OFFICE MGR. RETAIL Frederick SUAL RESIDENCE LIFTIN NURSING HOME OF OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE FREDERICK YES [MD FREDERICK Mt. Zion 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST **EMERSON** FORD GALLTON ANNABELL, F MATTHEWS ADDRESS ederick, MD 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. DIVISION (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-64-1507 7.ion_Rd NO Thomas Heiser 5115 Mt. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM IS PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BANTIANDE, ANARYLAND, 21201 PRICY TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of head (rifle) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Head Only 19a, DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR 5-22-Self-inflicted. 10 86 CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STATE AT WORK NOT WHILE home 5115 Mt. Zion Rd., Frederick, Frederick, AT WORK MD Head Only 22a. I certify that I took charge of the remains described above, held on and in my opinion Inquiry Autopsy Suicide X Hamicide L Undetermined manner death resulted fram: Natural couses Accident TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 5-23-86 SIGNATURE Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE BURIAL 5/26/86 Laurel Hill Cem MOSCOW ALLEG MD 07/84 2584 24. FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 1756 REGISTRAR'S SIGNATURE G. DOUGLASSTAUFFER **DHMH - 17** (VR A15 ME (5)) 627 Opossumtown Pike. Frederick.



death certificate be

FOR - STATE

STATE OF MARYLAND

F HEALTH AND MENTAL HYGIEN	G II	0	- 1	-1	
THICATE OF DEATH		REG. N	10.		
LAST 20	DATEO	F DEATH	MONTH	DAY	YE

		KEGISTRAK		200		CERTIFICATE OF DEATH				REG. NO.					
6		CEASED NAME	FIRST helma		ouise		DEBRAI	D	20 DATE OF	FDEATH M	20	1986	20 110	159p.	
	3 SEX	<		4 RACE		5. DATE C	OF BIRTH		& AGE (IN)	YEARS LAST BIRTHE		IF UNDER IT YE		DER 24 HRS	
		Female		White	е	Jan.	10,	1908		78	YRS.	MONTHS DA	HOURS	MIN.	
2000		RTHPLACE (STATE OF F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NIEVE	R MARRIED -	9 BALTIMO	RE CITY OR	COUNT	Y OF DEATH			
Maryland IN CITY OR TOWN OF DEATH			U.S.A. WIDOWED X					erick							
Frederick			North	HOSPITAL, NURSIN THEACHITY GIVE STREET CAMPTON MA	nor	OR OTHER IN	STITUTION	TYPE OF WOR	OCCUPATION REFORMOST OF V	ORKING I	IFE INDUST	of Busing			
1	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b COUR Maryland Fred		other institution NTY erick	13c CITY OR TOW Frederi	N_	13d. INSIDE	CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 1507 Rosemont Av			venue/	renue/ 21701			
1	14. FA	THER'S NAME	1	WIDDLE			15. MOTHE	R'S MAIDEN NA				3111			
1		Charles		WIDDLE	Dutro	Dutrow		ora	Cather		ine Dec		cker		
1		VAS DECEASED EVER		MED FORCES? NE WAR OR DATES)	214-18-5					7918 Yellow Springs Walch, Frederick, Md. 2170			rings 2170	Rd.	
1		18 CAUSE OF DEATH PART I. DEATH W	'AS CAUSE	D BY:	line far (a), (b), and	dictifus	roc	Acec	lill.			BETWE	ROXIMATE IN EN ONSET A	1	
	-		IMMEDIA1	TE CAUSE (a)	Concession			7,7 (0.0.					Q W/	-5	
	11	DUE TO, OR AS A CONSEQUENCE OF [Canditions, if any, which (b)													
		gove rise to immediate couse (a), storing the underlying cause last.													
		PART 2 OTHER SIGN		ONDITIONS CO	ONTRIBUTING TO F	DE ATH BUT	NOT PELAT	ED TO THE TERM	INIAI DISEAS	E OR CONDI	CIONIC	D/EALIAL DAD	1		
71	NO									1014 6	IAEIA IIA LAKI	Ita			
7	CERTIFICATION	190 DATE OF OPERAT	TIÓN	196 COND	OITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?							
5	RTIF				7500							NO			
		216. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEA	HOUR A.	M. MONTH DA	MONTH DAY YEAR				RRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART ?)					
	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE	OF INJURY REET, FACTORY OFFICE F.		21f LOCA			CITY OR TOWN		COUNTY		STATE	
	2	AT WORK AT WO	RA RA		The roll of the fi	A.M., 2127		000	- 11	des	101	/			
		220.1 certify that (1)	1	4/2	3/R/L		7.10	y) (aur) opinian (, to	3/20	100	19	that (1)	(we) last	
		saw abay 27b, SIGN ATURE	(id) lidid no	the bady	atter death.		DECREE	y) (dur) opinian (deoin occurre	ed an the date	and no		ATE SIGNE		
	1	20. SIGNATURE	1	1	hours	m	7	ATTENDING PHYSICIAN	MEDICAL	STAFF		337		1986	
1		22d. PHYSICIAN S NA	AND chire to	wifer()	7	Soll Version	22e ADDR		DIRECTOR	L PHYSICIA	N	11445	20,	1 900	
		Dr. Rober	rt L.	Kaufmai	nn, M.D.		804	Tollhous	se Ave	nue, F	rede	rick,	Md.	21701	
		URIAL, CREMATION,	REMOVAL					RCREMATORY	23d LOCA			COUNTY		STATE	
	24 5:	Burial	34		3,1986 Ro						,	Freder		Md.	
	24 FL	INERAL DIRECTOR SI	mith,	Keeney	& Basfor	d Fun	eral F	lome 250 DAT		REGISTRAR 25		dow-Pa			
ď	1(06 East Ch	irch	Street,	Frederic	k. Md	2170	- MAX	36 144	9 gulla	ועפעוי	450/-1/a	Illongues		

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached far use as the burial-transit permit. Then please with the Siste Dept of Health and Mental Hygiene prior to burial, cr IMPORTANT: If Hem 21 is marked or term? 8 shows any injury, or oth

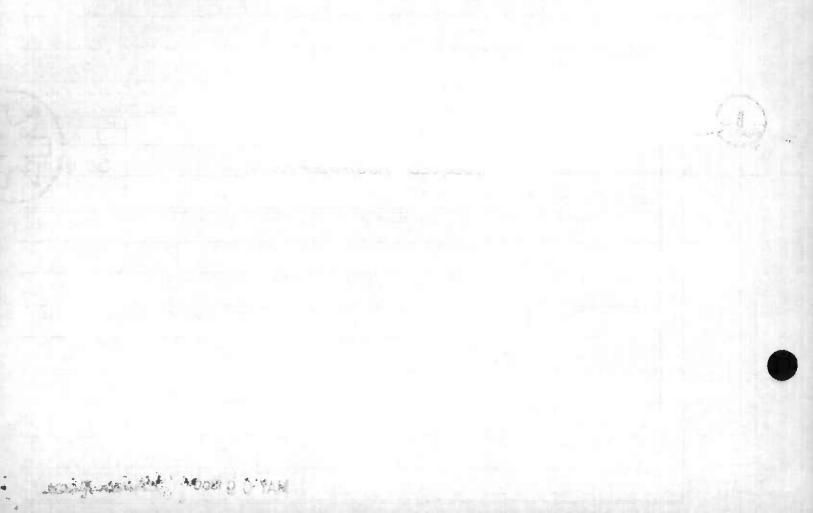
TO FUNERAL DIRECTOR: After this certificate has be

OR ATTENDING PHYSICIAN: The lo

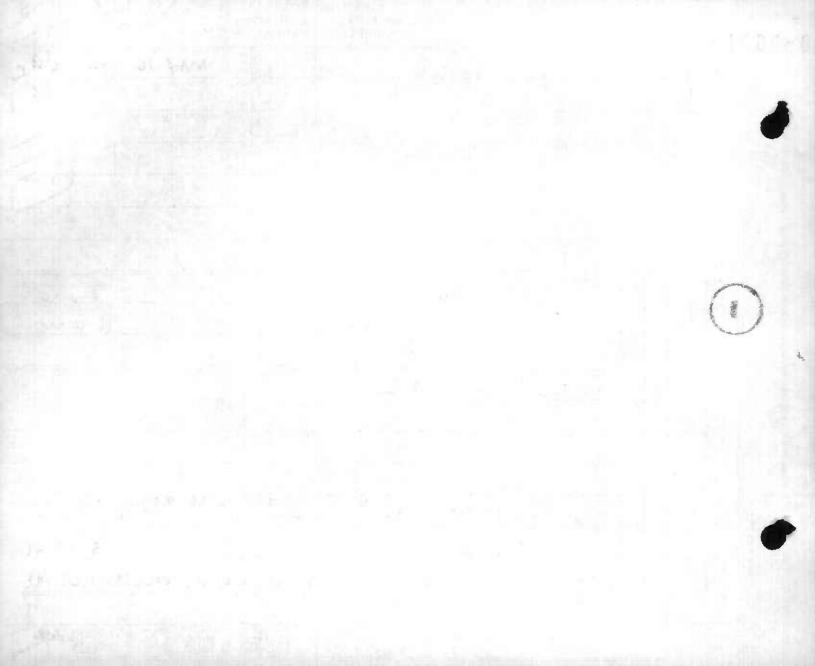
TO HOSPITAL

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0 0	0011	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0	1 4 5 5 2
0 - 0	0914	I. DECEASED NAME FI	IST MIDDLE	LAST	REG. NO.	MONTH DAY YEAR 26 HOUR
	96 3	(TYPE OR PRINT) EVA	CATHERIN	E HOKE	MAY	16, 1986 630 PM
	moy l	3 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	ge 4	FEMALE	WHITE	01 18 1892	94	YRS.
	7 2 hours	70 BIRTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF WHAT COUNTRY	MARRIED X XNEVER MARRIED	9 BALTIMORE CITY OF	
	deor deor	WALKERSVIL		WIDOWED DIVORCED	Frederi	
	the t	0 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
201	5 3 E	Frederick	Meridian Nu		Homemaker	
021	4 hour	13a. STATE	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEF	WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
IAN	F 1 2	MD I	REDERICK FREDE	RTCK YES XIX NO L	1021 N.	Market St., 2170
ARY	ad with	FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
я,	o Company	Charles	Hedge I.S. ARMED FORCES? 166 SOCIAL SE		ADDRES	Erh
MOR	and	(YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)		- 1100 Nont	Frederick, MD h Ave.,
ALTIN	cton ers. f	no	n/a 2] 9-54 nter only one couse per line for (o), (b),		e 400 Nord	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
20	le ut,	PART I. DEATH WAS	CAUSED BY:			2 years
N SI	(B B B B B B B B B B B B B B B B B B B	79793	TEDIMIC CHOOL (C			0
STO	1 1/1	DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which (16) Wy human disease				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	by the dose	gove rise to immedicouse 101, stating underlying couse 1				
201	s the	PART 2 OTHER SIGNIFIC	(c)	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	DITION GIVEN IN PART 1(0)
RDS	The r to I	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	re left benun 19	87		
0	law r	M 190 DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
AL B	ho ho	RITI			YES NOLY	YES NO
OF VII	phys phys tiffico tiffico sl-tror fol Hy		FOF DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJUR	(IN ITEM 1B, PART 1 OR PART 2)
NO	≥ 50 ≥ 5 ≥	(IF EITHER, NOTIFY MEDICALEX 21d. INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION		
VISI		WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	CITY OR TOW	N COUNTY STATE
ō	ENDING tal or off ON: After ruse os the Health or I is morke	22a.1 certify that (I) (thi	hospital) attended the deceased from	6 15 19 73	, to 16 M	19_86_, that (I) (we) lost
12	En Espon	sow the deceased a	live on 19 did not) view the body ofter death.	Sb, and that in (my) (or) opinion	death accurred on the do	te and hour and from the causes stated
	TAL OR ATTEN by the hospital RAL DIRECTOR: defoched for us tote Dept. of He NT: if them 27 is	226. SIGNATURE	0 0	DEGREE		22c. DAJE SIGNED
		Jarrey 6	. Stoner , h	ATTENDING PHYSICIAN	DIRECTOR PHYSICI	
	HOSPITAL ined by the FUNERAL wild be detropheted to CORTANT:	22d. PHYSICIAN'S NAME		22e ADDRESS		and a second
	TO HOSPITAL retained by th TO FUNERAL should be deta with the State IMPORTANT:	UAMES	E. STONER, SA.	19 FREDEI		ALKERSVILLE, Md-
	5 6 12 2 3 7	230. BURIAL, CREMATION, REA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	BP	BURIAL		Resthaven Mem.Ga	r Frederi	ck Frederick MD
	DHMH - 16 60M 1/75 (VR A 15 (4))	24. FUNERAL DIRECTOR G	Douglas Stauf		HEREC'D. BY REGISTRAR	Sh. REGISTRAR'S STGRIGTURE
	(*K A 13 (4))	1621 Opossi	umtown Pike, Fr	ederick,MD MA	1 7 3 1200	The state of the s



7201	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	4 5 5 3
	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DA	1
	Glenn	Martin	Holland	5/24	1/86 1455 M
3. SE	×	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		UNDER I YEAR IF UNDER 24 HRS
4	/V ale	White	12 28 1909	76 YRS.	NE DE ATIL
3	COUNTRY (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	JF DEATH
M 10. C	D TITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED DIVORCED DIVORCED	FREDERT CK	MD. 126 KIND OF BUSINESS OR
EM		(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
-	EDERICK	E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	EMORIAL HOSP.	CARPENTER	LBUTLDING
130.	STATE 136 CC	DUNTY 13c. CITY OR TOW	'N 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
150	MD FI	REDERICK WOODSE	ORO YES NOTHER'S MAIDEN NA	10977 Evelyn	Dr., 21798
50	CHARLES	MIDDLE HOLLA	FIRST	WIDDIE	LAST DAT BATER
	THE DESTACED SHED BALLS			ADDRESS	PALMER
op led		GIVE WAR OR DATES)		Woods	boro, MD
\$ 	1			DITAIL TOUT E	velyn Dr. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
event,	PART I. DEATH WAS CAL	oranly ane cause per line (ar (a), (b) on USED BY: DIATE CAUSE (o)	NEVMONIA		BETWEEN ONSET AND DEATH
er troumatic	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF AS A CONSEQUENC	- 0 PD	14 8	years.
8 shows any injury, or oth		F.	DEATH BUT NOT RELATED TO THE TER		WERE FINDINGS USED NG CAUSES OF DEATH?
Show.				YES NOW YES	NO
-	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T (OR PART 2)
orked or Item	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, I	211 LOCATION	CITY OR FOWN	COUNTY STATE
s mo		an19 d not) view the body after death.		, ta, 19	that (1) (we) last and from the causes stated
ANT: If Item 2	above, (I) (we) (did) (die 22b. SIGNATURE	Cl sno	DEGREE ATTENDING PHYSICIAN 1226 ADDRESS	MEDICAL STAFF	5/25/8
IMPORTAN	Itlew	1. Cr/20	1475°	TANCY A	ve
≥ 230	BURIAL, CREMATION, REMOV	/AL 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

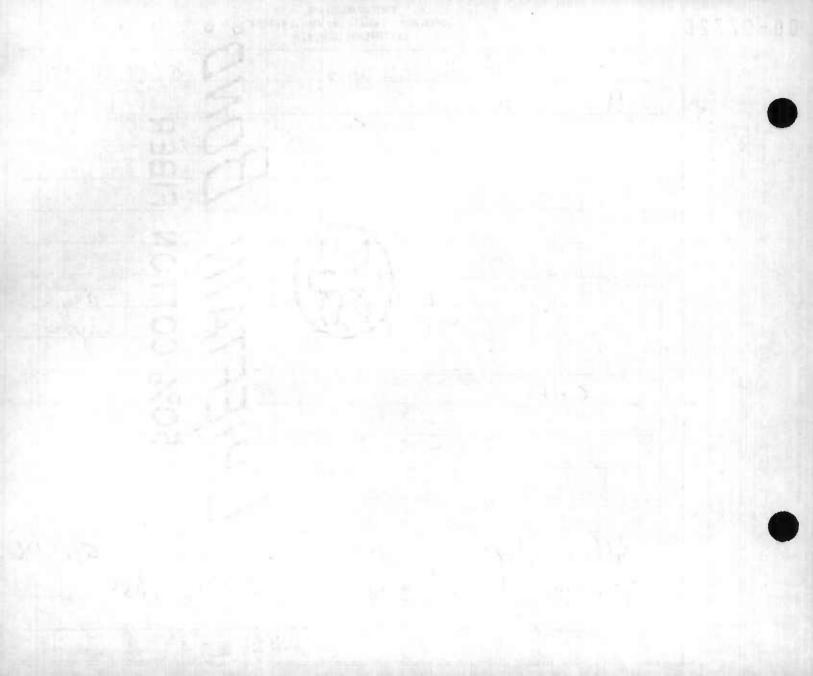
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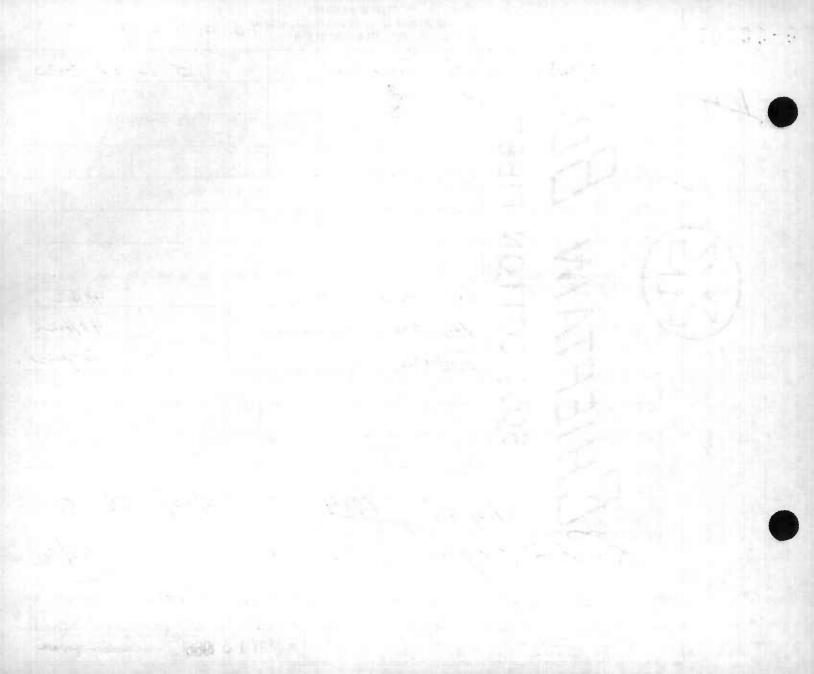
BURIAL

BURIAL 5/28/86 Resthaven Mer 14 FUNERAL DIRECTOR G. DOUGLAS STAUFFER 1621 Opossumtown Pike, Frederick, MD

Resthaven Mem. Gard Frederick Frederick MD
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13 NVERECO BY REGISTRAR'S SIGNATURE



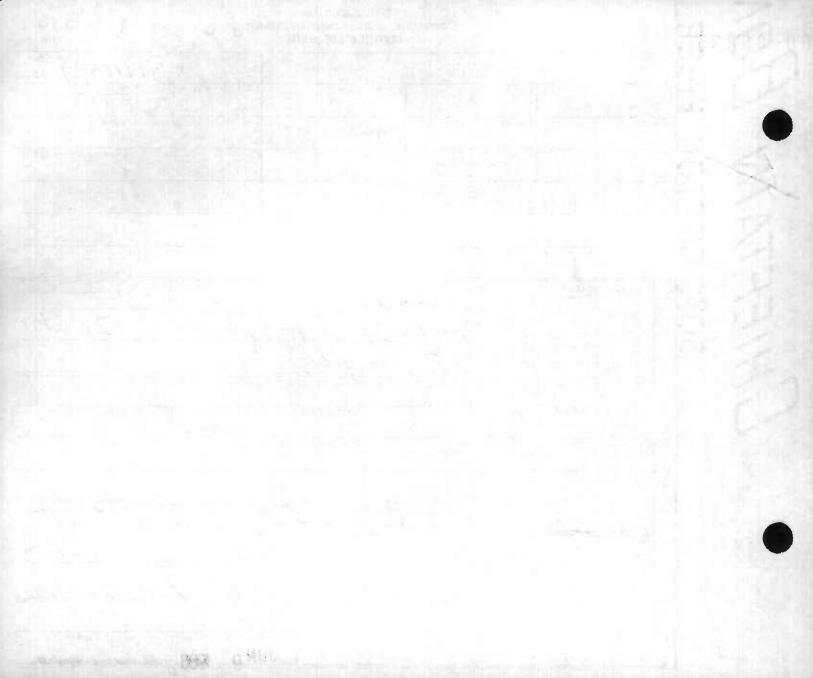


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	e e	e €	733		OR PRINT}	m.	MIDDLE			20. DATE OF DEATH	-121	11996	26 HOOR
	oy b	poge r deot		3. SEX	ALIC	4 RACE		J U.F.	INSON	6. AGE (IN YEARS LAST BIR	17 1	IF UNDER I YEAR	IF LINDER 21 MBS
	4 E	ofter.	-53	3. SE		4 RACE		MONTH	DAY YEAR	O. AGE (INTERRSTAST BIK	INDATI	MONTHS DAYS	HOURS MIN.
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PRESTON	de o	ove ove			Conditions, if ony, which	((b)_	Haup	the !	1 reft	Cy.		2M	494
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05, 2	quires	signe hen pl		Z	PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GI	IVEN IN PART 110	1
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	he h	DIR Dep	=		DI Mala	0.11.	1.0)		DEGREE ATTENDING	MEDICAL STAI	FF	22c DATE	2 - 01
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	of of	or sh			urial, cremation, remov				EMETERY OR CREMATORY	23d. LOCATION		- Alle de	N
	BP.			B	URIAL	6/4/	86 FA	AIRVI	EW CEMETER	Y FREDERIC	CK FF	COUNTY REDERT C	CK MD
	ПНМН	1. 16 AOM 7	/B4	24 FL	INERAL DIRECTOR G.		s Stauf			TE REC'D. BY REGISTRAR			

1621 Opossumtown Pike, Frederick, MD

(VRA 15, 4)



		1	1-	FOR STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENES 6 REG. NO.	4 5	5 /
107	06918	Ī		EASED NAME FIRS		WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	y be			MARY		FRANCIS	KI	LLMEIER	5/1	5/86	м
	OE B	3	3. SEX		4 RACE		5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	96 PE 1)		FEMALE	WHI	ΓE	11	01 1919	66 YR		
	eoth. Po	3		THPLACE (STATE OR FOREIGN DUNTRY)		OF WHAT COUNTR	Y? 8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	FREDERICK	NTY OF DEATH	MD.
No.	wit to		10 CIT	Y OR TOWN OF DEATH		OF HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
10	5 50		F	REDERICK	709			Lane	Secretary		ation
LAND 212	The state of the s	5	13a. S [V]		ME OR OTHER INSTITU COUNTY REDERI	13c. CITY OR TO	NWN	13d INSIDE CITY LIMITS? YES NO X	136 STREET ADDRESS / ZIP CO	ODE 21	701
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00 A	1			18 CAUSE OF DEATH (Ent. PART I. DEATH WAS C.	AUSED BY:		ond (c).)	2005		BETWEEN	ONSET AND DEATH
W. PRESTON ST.; BALTIMORE,	The state of the s			Conditions, if ony, which	h (it	O, OR AS A CONSEC	DUENCE OF	chst	401-10-	2	mo
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RECORDS, 201	been signed mil. Then planner to be to prior to burn ony mjury, o	7	CERTIFICATION	PART 2 OTHER SIGNIFICATION		IS CONTRIBUTING TO			200 AUTOPSY? 20b. IF	GIVEN IN PART 1 YES, WERE FIND RTIFYING CAUSE	INGS USED
	2 0 0 0 0	×	E						YES NO	YES 🗌	NO 🗆
OF VIT	SICIAN: ig physic certifical riol-tron entol Hy frem 18 s	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH HOUR	ME OF INJURY R. A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
DIVISION OF VITAL	ING PHYS r offending of the bur th and Me torked or H		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	MOHTAL	ACE OF INJURY NE. STREET, FACTORY, OFFIC	E, FARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
۵	O O O E			220 I certify that (f) (this				757 19	10 5/15		that (le) lost
	TTEN Portol for us of He			sow the deceosed and obove (1) (we) (dd) o	re on 5/1	oody ofter death.	96.0	nd that in (my)(our) opinion	death accurred on the date and	hour and from the	couses stoted
	on Andrewskin DIREC			22b. SIGNATURE				DEGREE		22c DATE	SIGNED
	AL Date Date Date Date Date Date Date Date	9		126	6	Mu a	-	ATTENDINO	MEDICAL STAFF DIRECTOR PHYSICIAN	6/	11/80
	HOSPITAL of the FUNERAL I wild be deto over the Stote [ORTANT: If or the Funeral I will be the form of the form of the funeral in the Stote of the funeral in	7	=	224. PHYSICIAN'S NAME	TYPE OR PRINT)	1-21425		22e ADDRESS		1	MD
		/		P. Grege	ory Rau	isch		4 West 7t	h St., Suite	7. Free	derick.
	O 후			JRIAL, CREMATION, REMO			c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
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	(VRA 15, 4)		16	21 Opossum				, MD	19 1000	na nadaran sadara	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED-MAINE 20 DATE OF DEATH MONTH 31, 1986 MAY CLARENCE ALBERT KING. SR. 8:30p 4 NACE 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH 1.5EX August 5, 1896 89 Caucasian Male BRTHPLACE INVITED FOR CO BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Maryland Frederick, U.S.A. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR TYRETER FOR MOST OF WORKING LIFE INDUST Farming 2033 Thurston Road Thurston USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 134. INSIDE CITY LIMITS? 2033 Thurston Rd. /20842 rrederick IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Droneburg Albert King Rose James 16st WAS DECEASED EVER IN U.S. ARMED FORCEST 166 SOCIAL SECURITY NO 17 INFORMANT 2033 Thurston Road IVES NO DE UNINO WHILE I VIFIEL ONE WAR DESIGNED. Mrs. Myrtle M. King Dickerson, Md. 20842 214-36-0321 IN CAUSE OF DEATH (Enter only one course per line for (a), (b), and PART L DEATH WAS CAUSED BY. Conditions, it any, which gave rise to immediate couse is storing PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 206. IF YES, WERE FINDINGS USED 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOK TIE ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OF CONTENUTING CE CALCE OF DEATH OF BITHER, NOTIFY MEDICAL EXAMINERS THE INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN WHILE I NOT WHILE I 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (🛶) apinian death accurred an the date and have and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN June 2, 1986

73e BURIAL CREMATION, REMOVAL 6-4-1986 Burial

Leroy T. Davis, M.D.

23c. NAME OF CEMETERY OR CREMATORY

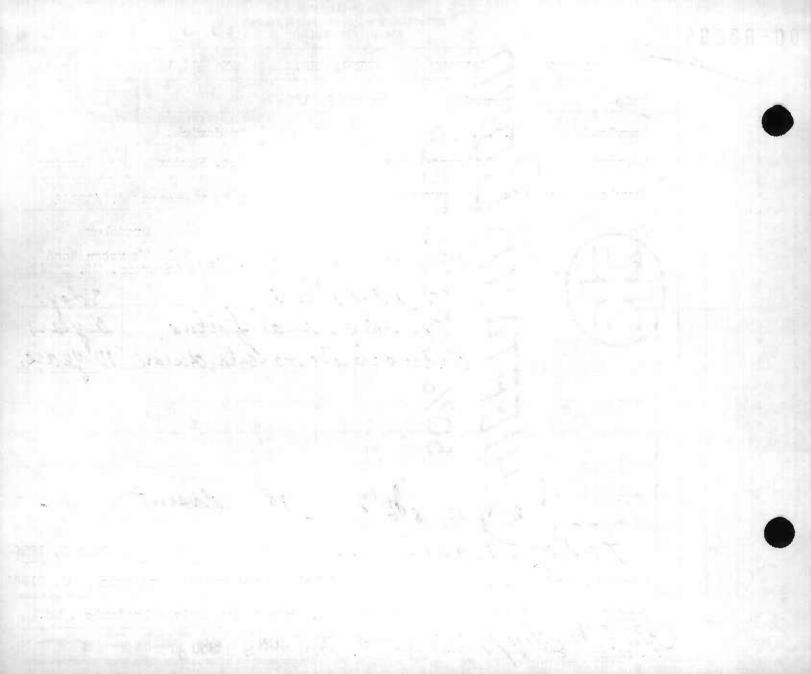
M.D.

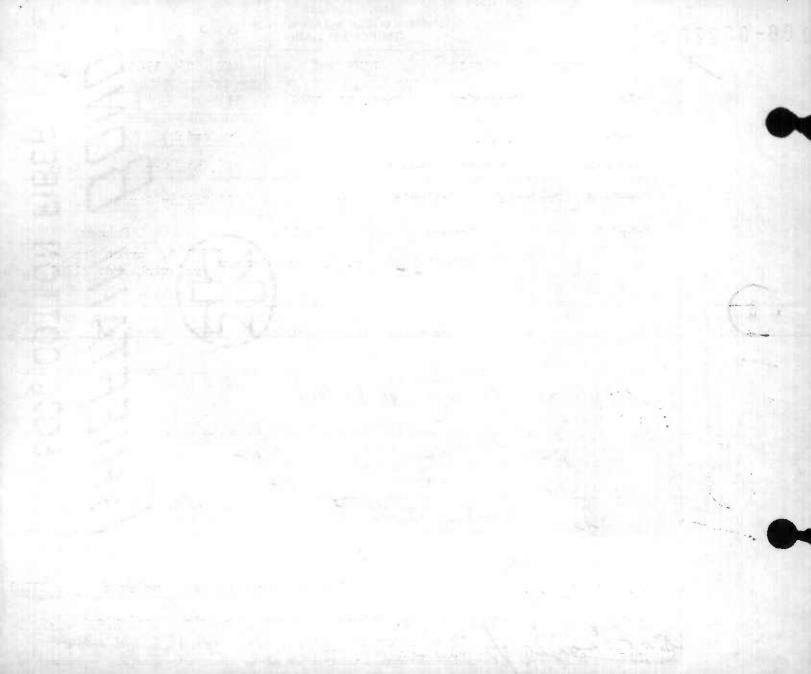
Resthaven Mem. Gardens Frederick, Frederick, Md.

801 Toll House Avenue Frederick, Md. 21701

1201 s.N. Market Stree JUN9 1986 yma www.

DHMH - 16 60M 7/84 (VRA 15, 4)





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STATE DEPARTMENT OF HE

OF MARYLAND ALTH AND MENTAL H CATE OF DEATH	YGIENE &	5 REG. N	10	4	3	6	0
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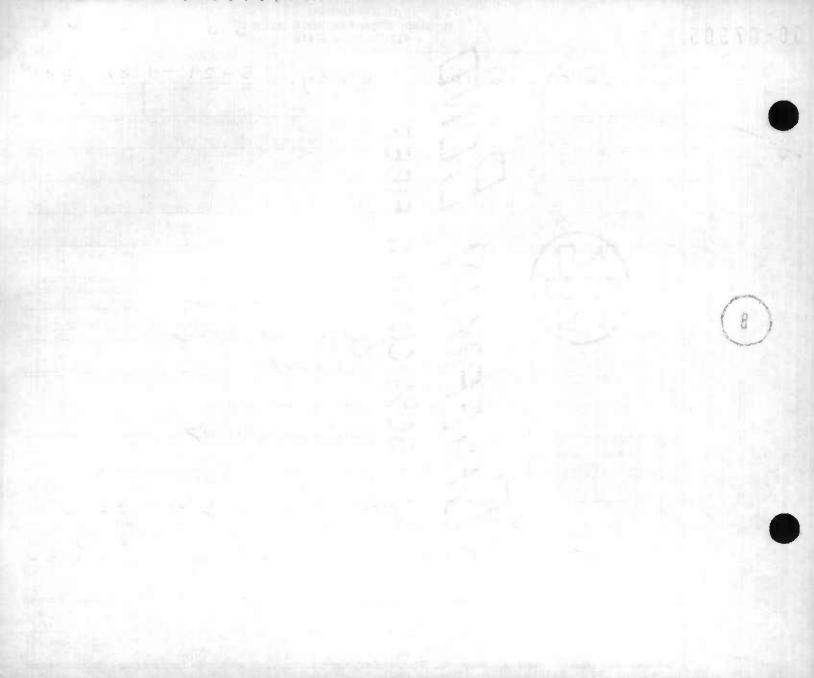
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н		CEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	
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	1 SEX		4. RACE	S. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF (UNDER TYEAR IF UNDER 24 HRS	
ı		male	BhACK	MONTH	1- 1000	95	YRS	THS DAYS HOURS MIN.	15
И		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?			9 BALTIMORE CITY OF	COUNTYO	F DEATH.	
1	S	CAROLINE	U.S.A	WIDOWE		FRE	deric	K Countymo).
И	18 CI	TY OR TOWN OF DEATH			R OTHER INSTITUTION	120 USUAL OCCUPATION		126 KIND OF BUSINESS OR	
U	F	rederick			MANOR	MINI'S	WORKING LIFE)	CHURCH	
5		AL RESIDENCE (IF NURSING HOME OR STATE 13h COUN	100			13e STREET ADDRESS /	ZIP CODE	BL0879)
7	H FA	THER'S NAME	MIODLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE .		LAST	
1	2	SIMON	LINCOL	N	MAGGIO	1n n	NIGH	T	
9		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECT	JRITY NO.	17 INFORMANT	ADDRES	is /		
4		(11.15.5)	T WAN ON DAILS!		CHRISTINE	JONES 1	19411-	BRASSIEPL	_
И	14	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for (a) b), at	nd (c)	Am .			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
ű			E CAUSE (a) Cordis	e an	rest			3-4 minu	les
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1		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF				0	
			(c)						=
_	NO	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	AL DISEASE OR COND	ITION GIVEN	IN PART 110	
2	CERTIFICATION	190 DATE OF OPPRATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS USED NG CAUSES OF DEATH?	
=	SK I	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR				-
1		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	THE WAY WAY ON THE OWNER.	ED (ENTER NATURE OF INJUR	IN HEM IS PART	I OR FARI 2)	
1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TOV	VN	COUNTY STATE	-
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H			taln attended the deceased fram.	2/5	18 19 5	_, to	. 19.	6, that (1) (we) last	-
			Ti view the bady after death.		id that in (my) wo r) apinian d	leath accurred an the da	le and have a		
J		226 SIGNATURE	1/6/	1.	ATTENDING	MEDICAL STAF		22c. DATE SIGNED	
1		22d. PHYSICIAN'S NAME LIVE O	V Mari	m	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	AN		-
		Vitenra V	Chase	80	4 Tall Hou	se Ano	fre	Lovick M	10
		URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			=
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	24 FL	JNERAL DIRECTOR	ADDRESS	1 111	()	REC'D. BY REGISTRAR		R'S SIGNATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

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Opossumtown Pike, Frederick MI

(VRA 15, 4)



CARLA 4 RACE 5. DATE OF BIRTH MONTH YEAR FEMALE WHITE 28 67 To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED WIDOWED IO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Park Court Student USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136. STATE 1136 COUNTY 1137. CITY OR TOWN 13d INSIDE CITY LIMITS? WALKERSTI NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE BARRY MALONTS KATHLEEN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NOBarry Malonis 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF medulo Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 218 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY, OFFICE, FARM, ETC) NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from 1966 oboye. (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS WESC 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION I SPECIFY

Douglas Stauffer

Opossumtown Pike, Frederick, MD

FOR

REGISTRAR

BURTAL

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

FIRST

1. DECEASED NAME

- STATE

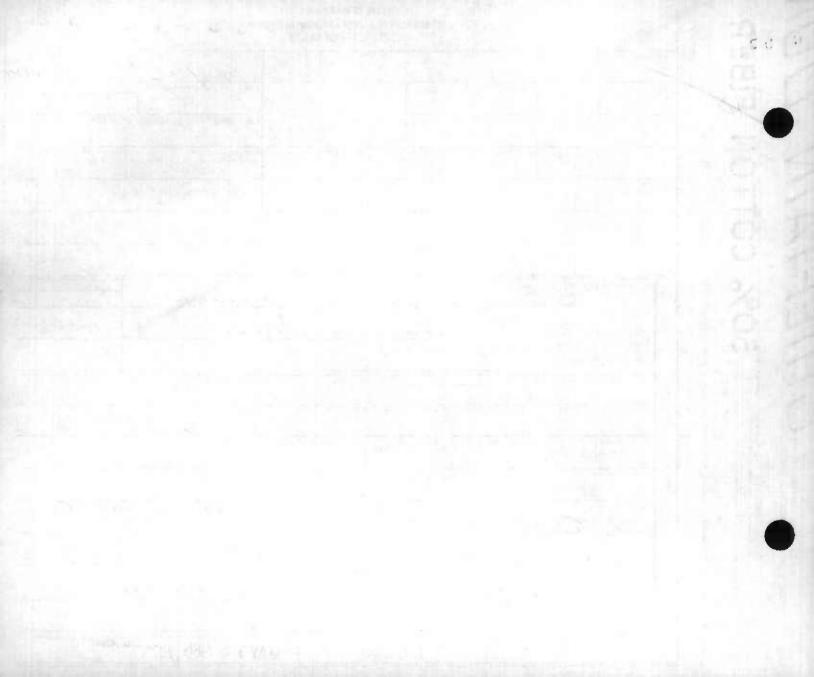
(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 28 DATE OF DEATH 26 HOUR 10:00 12 MAUREEN MATIONIS IF UNDER 1 YEAR IF UNDER 24 HR IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH FREDERICK 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE: INDUSTRY 13e STREET ADDRESS / ZIP CODE Park Court BURNICE BABCOCK Walkersville, MD Park Ct. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

Frederick Frederick MD

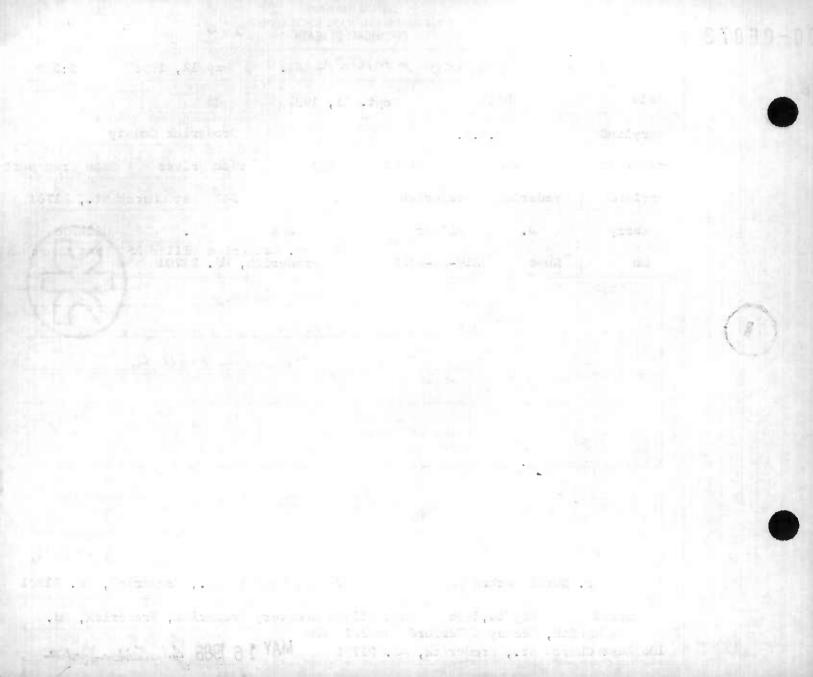
MAY 1 3 1986

Resthaven Mem. Gar



STATE OF MARYLAND

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DHMH - 16 60M 7/B4 (VRA 15, 4)

Union Bridge, Md

REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN X 26 HOUR LITYPE OR PRINTS OF ESTI-G. Richard DEATH MATED 18/19 86 Nea l 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 4. RACE 5 DATE OF BIRTH 3. SEX 2c. DATE LAST BIRTHDAY) PRONOLINCED Male Sept. 28, 1934 51 Rs White DEAD P 18/19 86 TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED West. U.S.A. Frederick County Virginia WIDOWED [DIVORCED D CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS U.S. Air Force Military Frederick Frederick Memorial Hospital STIAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONAL 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN Frederick Frederick NO D 160-G Willowdale Dr. Maryland YES X IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Bryson Lucille Neal M. Kincaid 66. SOCIAL SECURITY NO. 17. INFORMANT Margaret A. Neal, 160-G 236-50-6889 Willowdale Dr., Fred. Md. 21701 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Yes Korean 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot Wound to Head IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? HEAD ONLY 21a EXTERNAL CAUSE WAS 216. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH self inflicted wound 2 P.M. 5/ 18/19 86 21e PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK 160 Willowdale Dr., Frederick, Md. home 22a. I certify that I took charge of the remains described HEAD IdONLY Autopsy X. Inspection Inquiry , Suicide X. Hamicide Undetermined manner death resulted fram: Natural causes Accident TITLE (SPECIFY) ACTUAL SIGNATURE M.D.Assistant ___ MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS lll Penn St. (TYPE OR PRINT) NAME OF CEMETERY OR CREMATORY 30 BURIAL, CREMATICALES National Ft. Meyer Arlington National Ft. Meyer Arlington 125b. Date REC'D. By REGISTRAR 25b. REGISTRAR'S SIGNATURE Burial May 22,1986 Arlington Ft. Meyer Arlington Va. **DHMH** - 17 106 E. Church St. Fred. Md. 21701 (VR A15 ME (5)) MAY 2 6 1986 Julia Davidson Rando 15M 7/76

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FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE OF MARYLAND

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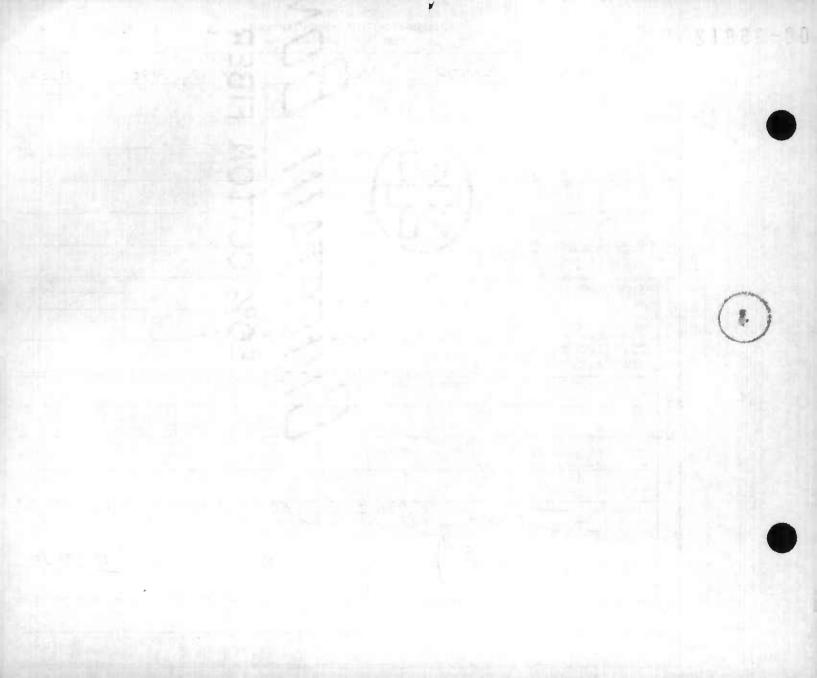
I. DECEASED NAME FIRST (1YPE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH D.	AY YEAR 26 HOUR
Jessie	NMN	Olsen.	MAY 14,198	6 4:15 PM
3 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		FUNDER I YEAR IF UNDER 24 HRS
FEMALE	WHITE	09 28 1916	69 YRS	
O. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COUNTY	OF DEATH
NY	USA	WIDOWED DIVORCED	FREDERICK	MD
FREDERICK	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE FREDERICK M		120 USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKING LIFE} HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE IF NURSING HOME HIG. STATE 130 O	OR OTHER INSTITUTION GIVE RESIDENCE BE JNTY 13C CITY OR TO SSAU MERRI	OWN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 1767 Rose St.	11566
FIRST	MIDDLE LAST	FIRST	WE	FOSTER
ALEXANDER 160 WAS DECEASED EVER IN U.S. A		UGHTON IDA	ADDRESS	FUSTER
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sow the deceased glive above of (we) find did	on	36 and that in (aur) opinion	death accurred on the date and hour	and from the couses stated
77b SIGNATURE	Zer mo	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
224. PHYSICIAN'S NAME (TYP	ORPRINT)	27e ADDRESS		
23a BURIAL, CREMATION, REMOVA		3c. NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
CREMATION	5/19/86	Fresh Pine Crem.	Middle Villag	e Queens N
24 FUNERAL DIRECTOR G	Douglas Stauf		E REC'D. BY REGISTRAR 256. REGISTR	

DHMH - 16 60M 7/84 [VRA 15, 4)

1621 Opossumtown Pike, Frederick, MD

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free p	3. SE	X	4. RACE		5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST I		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
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1 10 10	14. F	ATHER'S NAME	MIDDLE	SAST	15. MOTHER	S MAIDEN NA		Marine J	LAS	
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DHMH - 16 60M 7/84			Douglas St			250 DAT	E REC'D. BY REGISTRA		AR'S SIGNAT	
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by if	-	FREDERICK	MERIDIA			HOME	SELF EM	PLOYED	RESTAU	JRANT
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HOSPITAL ned by th FUNERAL uld be det the State		224. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	DIRECTOR DITT	SICIAI V	1 1	-/ - 6
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annann		BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
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DHMH - 16 60M 7/84		UNERAL DIRECTOR G. I				1 0 000	TE REC'D. BY REGISTR.	AR 25b. REGISTRA	R'S.SIGNATUR	02.
(VRA 15, 4)	1	621 Opossumt	own Pike	e, Fred	deric	k, MD LAY	1 9 1986	- Chirth	son-Randa	

1	FOR - STATE REGISTRAR		DEPARTN	AENT OF HE	OF MARYLAN ALTH AND ME CATE OF DE	NTAL HYGI	ENE 8 6	10.	4 5	7 2
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3. SI	Male Male	4. RACE	White	5. DATE OF MONTH	DAY	904	6. AGE (IN YEARS LAST B		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
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14 F	ATHER'S NAME FIRST Harvey	E .	Rams bur		15. MOTHER'S M Els		Ann		Eichell	
	WAS DECEASED EVER IT	U.S. ARMED FO (IF YES, GIVE WAR OR NONE			17 INFORMANT Ella M.		60497 ourg, Frede	FS Patr rick,		
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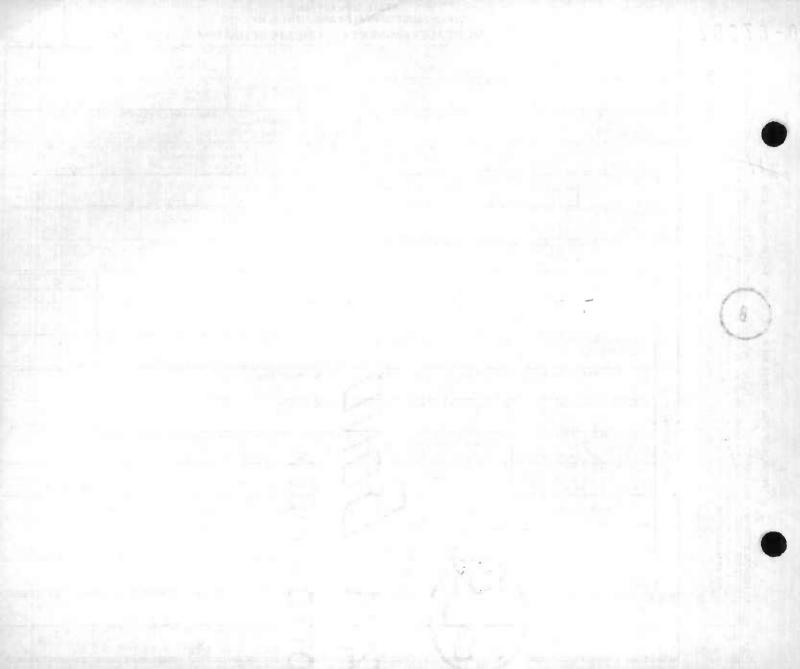
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 10 - 17392- STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X 2b HOUR MONTH (TYPE OR PRINT) OF ESTI-UNERAL DIRECTOR. 5 FOR YOUR FILES. D, WITHIN 72 HOURS W, PRESTON STREET, John Joseph 19/19 Rauch 86 4. RACE IF UNDER 1 YR. 5 DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD /19 86 MALE 04/06/36 WHITE To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) MISSOURI WIDOWED _ DIVORCED Frederick County, IB. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Myersville 2540 Monument Rd Economist Govern SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13b. COUNTY 13e STREET ADDRESS 13e. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? FREDERICK MD MYERSVILLE NO M 2540 Monument Rd 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE LAST FIRST FIRST HARDY RAUCH HICKS JENNETTE ADDRESS Myersville, MD 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 500-36-7266 Sally Jo Rauch 2540 Monument Rd CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Shotgun Wound to Head IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CATE, WRITING ...
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STATE BEFARINGEN OF H.

PRIOR TO BURIA

1 YES 🗌 NO X 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XOR CONTRIBUTING CAUSE OF DEATH ? P.M. 5/ 19/1986 self inflicted wound 21e PLACE OF INJURY TAT HOME. 21d. INJURY OCCURRED 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM FTC 1 CITY OR TOWN 2540 Monument Rd., Myersville, Frederick, Md home EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2 Inspection X 22e I certify that I took charge of the remains described above, held on Autapsy and in my opinion Suicide X death resulted fram: Hamicide Undetermined monner TITLE (SPECIFY ACTUAL Assistant MEDICAL EXAMINER 5/20/86 SIGNATURE EXAMINER'S NAME Kauffman, M.D. Gregory R. 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 236. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE CREMATION Smithsburg Crematory Smithsburg Washington MD BP. 24 FUNERAL DIRECTOR DouglassStauffer **DHMH - 17** 4 in Davidson Randalle Opossumtown Pike Frederick MD (VR A15 ME (5)) 20M 4/82



05584	1	FOR STATE HEGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	Q REG. NO.	ì	4 5	14
- /		CEASED NAME	FIRST	-	MIDDLE	i	AST	20 DATE O	FDEATH MON	TH DA	Y YEAR	2b. HOUR
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o si	1	Female		White			ch 4, 1893	9	93	YRS		
1 2 hod		RTHPLACE (STATE O	R FOREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMO	RE CITY OR CO	DUNTY	F DEATH	
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d with	1	TY OR TOWN OF DI	EATH	HE NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	TYPE OF WOR	OCCUPATION K FOR MOST OF WO	RKING LIFE)	INDUSTRY	F BUSINESS OR
file File		Trederick	DSING HOME OF C		ian Nurs		enter	Hous	sewife		<u>Home</u>	maker
filled in the state of the stat	130.	Maryland	M3P COUNT	ington	136 CITY OR TOW	'N_	13d INSIDE CITY LIMITS? YES NO 💢	Rout	address/zif		look) /	21758
oletely od 2 s	14. F/	THER'S NAME FIRST		IDDLE	LAST		15 MOTHER'S MAIDEN N	AME	WIDDIE		LAS	r
d 6/3/0		Eli		ilson	Wal		Emma		Frances			itton
Topodo Condi		VAS DECEASED EVE YES, NO OR UNKNOWN) NO		WAR OR DATES)	214-54-		Virginia Jo	y - Bri	and and an	611 Md.	21716	
and the state of t		18 CAUSE OF DEA								- 19 kg	SETWEEN C	MATE INTERVAL ONSET AND DEATH
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otherdic lon, or nymats		Conditions, if on	y, which	DUE TO, OI	R AS A CONSEQUI	ENCE OF	Virel Syn	drome	2		8	lay,
or remo		gove rise to in couse (a), stat underlying cou	ing the	DUE TO, OI	R AS A CONSEQUI			1/				
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1 2 2	NOT		- (1	uloni		1 30 11	se sta					
100	CERTIFICAT	190 DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES	NOXX 20t	CERTIFYI	WERE FINDIN ING CAUSES	OF DEATH?
of transfer		21a ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH D.	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NA	ATURE OF INJURY IN I	TEM 18 PAR	T L OR PART 2)	
s file by	MEDICAL	21d INJURY OCCU	RRED	21e PLACE			21f LOCATION STREET		CITY OR TOWN		COUNTY	STATE
Afre os leolth os mork		22a 1 certify that (l) (this hospi	il) otter ded th	e deceosed from_		, 19	, to		, 19		that (I) (we) lost
64 H		saw the deced above, (f) (we)	red alve an.	view the book	after death.	, or	nd that in (my) (our) opinion	deoth occurre	d on the date o	nd hour c	and from the	couses stated
DIRE Ched Dept.		22b. SIGNATURE	1,12				DEGREE	MEDICAL	CTAFF		22c. DATE	SIGNED
Jate C		201 0111/01/01/01	100		enocin	-		MEDICAL	D PHYSICIAN		5/1	/86
wild be to the 5		22d PHYSICIAN'S N					22e ADDRESS	ladiaa!	Cambair	F	م المرام الم	de Mel
02 3 3 1	-	Julio N	renocal	· M. D.			Parkview M	legical	Lenter	- FY	ederic	K. M.

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23d LOCATION CITY OF TOWN STATE Samples Manor, Wash., Md. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 5/5/86 Samples Manor Cem.
Drawer C | 25a. E BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

Robert L. Spencer - Harpers Ferry, WV 25425

DHMH - 16 60M 7/B4 (VRA 15, 4) ²⁴ Switth Keeney Basford P.A. Funeral Home, 106 East Church St., Frederick, Md. 21701 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MAY 1 2 1900 Julie Davidson Jandans

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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J	R. H	REGISTRAR				CERTIF	ICATE OF DEATH	REG. I	٧٥.			
		CEASED NAME	FIRST		AIDDLE	l	ASI	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	A
	,,,,,	DERRICK C	G. RI	CKETTS				5-20-86			10:35	M
Н	3. SEX			4. RACE		5. DATE C		6. AGE (IN YEARS LAST E	IRTHDAY) IF U	UNDER 1 YEAR	IF UNDER 24	HRS MIN.
		Male		Black		4-30	01	85	YRS.			
2		RTHPLACE (STATE OR FOIL	REIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH		
2		laryland		USA		WIDOWE	DIVORCED	Frederick				MD.
0	Fr	rederick		Citize	ns Nursir	ig Hon	DR OTHER INSTITUTION NO	120 USUAL OCCUPA (THE OF WORK FOR MOST FATMET	TION OF WORKING LIFE)	126 KIND C INDUSTRY	OF BUSINESS	OR
1	13a. S	AL RESIDENCE (IF NURSIN	36 COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	217	01	100
9			Frede	erick	Frederic		YES NO X	R#6, Box 5		7//	- 1	
0	I4 FA	EI'T Ricke	etts	WIDDLE	LAST		Annie Cost			ŧ.A.S	š†	
		VAS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESSFrede	rick	.MD	
1		No.	N	'A	219-20-2	2384	Seymour S	tern 118 1		ch S	st.	
3		18 CAUSE OF DEATH	Enter on	ly one couse per	lipe for Ial, (by, and	djen				BETWEEN	MATE INTERVA	ATH
		PART I. DEATH WA		E CAUSE (a)	wide	uc c	vicest					IB.
7		Conditions, if any,	which	DUE TO, OF	AS A CONSEQUE		tibrillal	earl c		5m	in	
Ħ		gave rise to imme cause (a), stating	diote the	DUE TO, OF	R AS A/CONSEQUE	NCE OF /	2 .2. 10.	1 - la	1	100		
		underlying cause	lost	(c)_	Arteriu	-set	sente ar	dits ilas cultar	Mease	10	1	
4	NO	PART 2 OTHER SIGNI	FICANT	CONDITIONS <u>CC</u>	INTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TEL	rminal disease or co	NDITION GIVEN	IN PART 1	a	
7	CERTIFICATION	190 DATE OF OPERATE	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [G CAUSES		?
5	CER	210. ACCIDENT WAS UNDER		216. TIME O		V VEAD	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	OR PART 2)		
9	AL	OR CONTRIBUTING CA		ALIN .	M. MONTH DA M.	19						
	MEDICAL	21d INJURY OCCURRE		218 PLACE C	OF INJURY	ARM ETC I	211. LOCATION STREET	CITY OR	OWN	COUNTY	STAT	31
	~	AT WORK NOT WHILE				_					13	
Ø.		220.1 certify that (I) (t		224 "	11	MA	19 8	3 , 10 May	20 19		that (1) (we	
		saw the deceased abave, (I) (weekle	dive an				ful that in (my) (aur.) apinio	an death occurred on the	date and hour an			d
	5	22b. SIGNATURE	00	AP.	4-0	71	DECREE ATTENDING	_ MEDICAL _ ST	AFF	5 2	Z/86	,
		22d PHYSICIAN'S NAM	AE LIVPE O	JULIMO DR PRINT)		//	PHYSICIAN 220 ADDRESS	DIRECTOR PHYS	ICIAN 🗌	13/2	400	
					U TD M	D		l	Describer.		D/ID	
	23n B	BERNARD BURIAL, CREMATION, RE					228 N. Ma	rket St.,	Freder	TCK,	MD	
		BURIAL	CITIOTAL	5/23			ven Mem.Ga	CITY OR TOWN	ick Pro	OUNTY	ole MI	
	24 FU		G. T		Stauff	er		ATE REC'D. BY REGISTRA	R 256. REGISTRAF	R'S SIGNAT	URE Jungo	- Line
]	1621 Opos	sumt	own Pi	ke Fred	eric	k,MD	MAY 22 198	36 (1			
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DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

	FOR	DEDAD	STATE OF MARYLAND	TIENE .	a - 7 · 1
00-08595	1 - STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	4 5 / /
	1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
noy be poge 3 rr death	(TYPE OR PRINT) CHARLI			MAY 26, 1986	
frer p	3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
Just of the contract of the co	MALE	WHITE	MÄRCH 6, 1926	60 YRS	
sorth Po	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARRIED WIDOWED DIVORCED	FREDERICK COUNT	
ab Line de	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
201 by the filed v	EMMITSBURG		T ADDRESS)	RET. MILITARY	AIR FORCE
AND 21 no 24 hou	MARYLAND FR	OR OTHER INSTITUTION GIVE RESIDENCE BEFO UNITY 13c CITY OR TO EMMITSE	BURG YES 🕍 NO 🗆	130 STREET ADDRESS ST.	21727
MARYLAND ed within 24 and 2 should cond 2 should	14 FATHER'S NAME FIRST RUEBEN	AMOS RITTER	NAOMI	1110010	WSBURG LAST
	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC		RFIELD, PARESS 17	
BALTIMORE, execution of condition of conditi	(YES, NO OR UNKNOWN) IF YES, (V II 212-22-	7945 HARVEY W.	RITTER; 16 BLACK	BASS TRAIL
BAL BAL	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (a), b, a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,		ATE CAUSE (D) 1	ratory talune		
TON o, or motic		DUE TO, OR AS A CONSECU			
he deor	Conditions, if any, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE	physeinel		
1 W. Thot thot the tease reads	underlying couse lost	(c)	DENCE OF		
guires the quires the signed to Then plea to buriol, or or njury, or or		T CONDITIONS CONTRIBUTING IC	DEATH BUT NOT RELATED TO THE TERM	ainal disease or condition G	IVEN IN PART 110
BCOR re been mit 1 prior	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
ALRI In the le it per	DIE N/A	N/A			YES NO
DIVISION OF VITAL RECORDS, NG PHYSICIAN The low requir otherading physicion. filer this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene prior tab orked the States or yinjum	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)
ON OF	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION		
JG Pt offen th ter th bond orked	WHILE DOT WHILE DAT WORK	(AT HOME, STREET, FACTORY, OFFICE	. FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
ENDIR of or OR. Al		pital) attended the degrased from	NEV 19.0	5. 10 present	, 19, that (!) (we) lost
ATTE OSpite OSpite Ospite Office of form 21		nat view the body after death.		death occurred on the date and ha	
L OR the he had he had he had he bep	1276 SIGNATURE H	Dulen Jasl	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
Stort ANT	276 PHYSICIAN'S NAME (10	DEFENCE	220 ADDRESS	N DIRECTOR PHISICIAN	1 27 may 00
TO HOSPITAL (retoined by the TO FUNERAL I should be detail with the State I	JOHN H. DUF	ENDAČH, M.D.	101 W. MID	DLE ST, GETTYSBU	RG, PA. 17325
Ç € ⊏ 5 3 ≤/	23a BURIAL, CREMATION, REMOV	AL 23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION BALTI	MORF STATE
BP	BURIAL		ARRISON FOREST VET	OWINGS MILLS	MD.
DHMH - 16 60M 1/75	24. FUNERAL DIRECTOR	LONG CHANT TO PURESS	ma.	'E REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE
(VR A 15 (4))	SKILES FUNERAL	HOME, EMMITSBURG	MD. 21727 JUNO	2 1996 de Kin	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-05779 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME KNOWN X (TYPE OR PRINT) ESTI-DEATH MATED 19 86 SANDRA LEE ROELKE DATE OF BIRTH 4. RACE A AGE UN YEARS IF UNDER 1 YR IF LINDER 24 HRS DATE LAST BIRTHDAY PRONOLINCED 1, 1964 Female White Nov. DEAD 19 86 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Charlestown, W. U. S. A. la. WIDOWED DIVORCED Frederick County H CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 120 KIND OF BUSINESS EXPORTING LET) II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Frederick Frederick Memorial Hosp. Contractor Reproducer HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS washington Brownsville 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 21715 Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Robert Roelkev Grimes Elinore Wesley 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Brownsville. 16b. SOCIAL SECURITY NO 7. INFORMANT ADDRESS 215-78-2533 Maryland Mr. Robert W. Roelkey. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Cranio-cerebral trauma DUE TO, OR AS A CONSEQUENCE OF Conditions, il ony, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 21a EXTERNAL CAUSE WAS 71h TIME OF IN HIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR * MONTH DAY YEAR UNDERLYING NOR 10:58 5-2-19 86 CONTRIBUTING CAUSE OF DEATH Pedestrian struck by auto. 214. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Rt. 40 nr. Boughmans Lane, road Frederick MD TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. Y PAGE 4 SHOULD BE FORW. TO FUNKAL DIRECTOR, PAFTER DEATH, WITH THE STABALTMORE, MARTLAND, 2 220. I certify that I took charge of the remains described obave, held on Autopsy and in my apinion Accident X death resulted fram: Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 5-3-86 SIGNATURE Ann M. Dixon, M.D. EXAMINER'S MAME 111 Penn St. Balto., MD 21201 ADDRES: 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 5-6-86 Burial Brownsville Hgts. Cem. Brownsville, Wash. Co., Md. 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE **DHMH - 17** Boonsboro, Md. John H. Bast, Jr. 21713 (VR A15 ME (5))

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John . see. W. Bronsporro, Mr. 21,13

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SION OF VITAL RECORDS, 201 W. PRESTON ST., BA	
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00	-06453	3	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF I	EALTH AND	MENTAL HYG	IENE & O	10.	4 5	3 0
				CEASED NAME	FIRST		MIDDLE		LAST	1000	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	oy be oge 3 deoth		TITPE	OR PRINT)	ary	C	atherine		SMITH		May	10,	1986	6:45 PM
N	Pog er de		3 SEX	(4. RACE			OF BIRTH		6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	
4	cros off			Female		Whi	te	June		1906	79	YRS	MONTHS DAYS	HOURS MIN.
3	og and	A	Pa Bi	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER	MARRIED -	9 BALTIMORE CITY		OFDEATH	
	C A Cop	0	M	aryland		U.S	.A.	WIDOW		ONORCED	Frederic	k Cour	ity,	MD.
	9	120	10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER IN	STITUTION	120 USUAL OCCUPAT		12b. KIND (OF BUSINESS OR
0	s of	0	F	rederick			ian Nursi		enter		Housewi			Home
ND 212	filled in ould be	35	13a. S	AL RESIDENCE (IF NURSI TATE aryland	13b COU		I3c CITY OR TOW	N	13d INSIDE YES X	CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	irt/ 21	769
XIV.	thin thin		14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER	R'S MAIDEN NA	ME		1.4	C1
WA	ed w			Charles		Joseph	Zimmern	nan	E	leanor	May		Sta	ng
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W. PR	that the d by the ease rem al, crema			gave rise to imm cause (a), stating underlying cause	g the	DUE TO, O	R AS A CONSEQUE	ENCE OF						
RDS, 20	requires an signed Then pli injury, o		NOI	PART 2 OTHER SIGN	IFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO 1	DEATH BU	NOT RELATE	ED TO THE TERM	INAL DISEASE OR CO	VDITION GI	VEN IN PART 1	ia .
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OF VITA	ICIAN: T g physici errificate ial-fransi ntal Hygi	9	ICAL CER	21g. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING	AUSE OF DE	ATH HOUR A	DE INJURY .M. MONTH DI .M.	AY YEAR	21c. HOW	INJURY OCCURI	RED (ENTER NATURE OF INJ	URY IN ITEM 18	PART I OR PART 2)	
DIVISION OF VIT	Of PHYS offerdin ter this casthe burnand Me		MEDI	21d. INJURY OCCURR	ILE		OF INJURY REET FACTORY OFFICE, F	ARM ETC)	21f LOCAT		CITY OR T	OWN	COUNTY	STATE
٥	TTENDIN pital or TOR: Af for use of thealth			22a certify that (1) saw the decease above, Th (we) (d	d alive or	may/c	19	Chan	nd that in (m)	y) (o url opinian	to may	date and how		, thateth (we) last e couses stated
	hos hos hed ept.			226. SIGNATURE	TO TOTAL	A A	diter dediti.		DEGREE	Dalk of t			22c. DATI	ESIGNED
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	BP		23a E	SURIAL, CREMATION SPECIFY) Purial	REMOVAL					Cemeter	23d LOCATION CITY OF TOWN Frederi	ck,	rederi	ck, Mã.
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STATE OF MARYLAND

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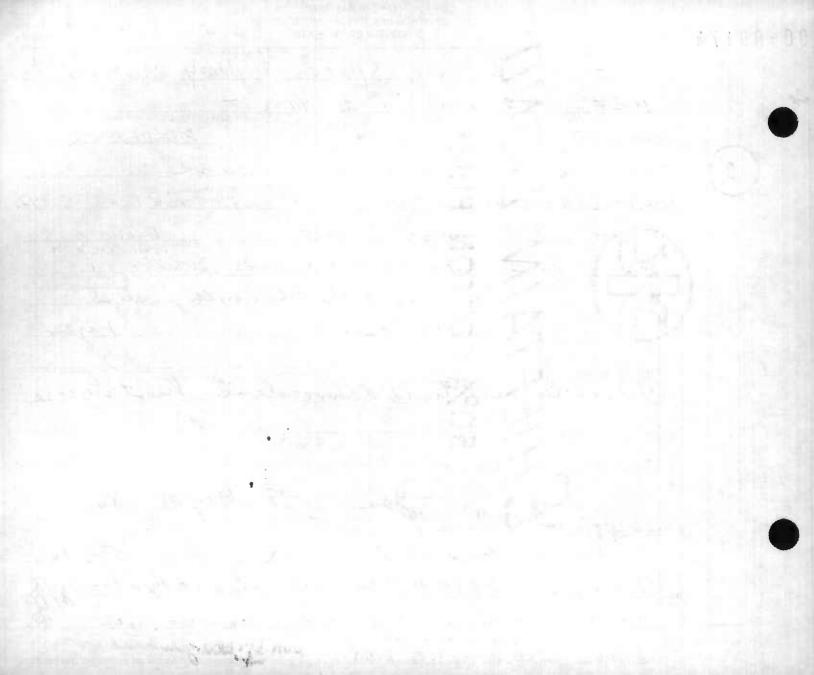
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00-09174	'	REGISTRAR		CERT	IFICATE OF DEATH	0	REG. NO.		3 3 1
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oy be oge 3 death	(TYPE	ORPRINT) (TEOV	ap Fdu	10.200	Chates	- 1	1042	8.1986	729
poog bog	3. SEX		4 RACE	5 DAT	OF BIRTH	6. AGE (IN	YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
D : 31		44 - 4-	4	MO		AR		MONTHS DAYS	HOURS MIN.
- B - B - B - B - B - B - B - B - B - B	-	MALE	CAU CASI	AN 4	21 191	1 75	111		
1 36 26		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT	COUNTRY? 8	IED NEVER MARRIE	D 9 BALTIM	ORE CITY OR COU	NTY OF DEATH	
	14	ARYLAND	U.S.A		VED DIVORCE		FRE.	DERICI	C MD.
(VVI	10°C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY		OR OTHER INSTITUTIO		E OCCUPATION ORK FOR MOST OF WORKIN		BUSINESS OR
5 1 107	1:	REDERICK	FREDE		EMORIAL	LAU	1 0	110001111	
1 1 10	USUA	L RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION GIVE RES	TY OR TOWN	13d. INSIDE CITY LIM	TCO LIGHT STREET	ADDRESS / ZIP C	ODE	
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1 15 1		THER'S NAME			15 MOTHER'S MAID			1,0,10	2007
4 1 140		FIRST /	MIDDLE	LAST	FIRST		MIDDLE	A. D LAST	
m 5 0 - 10		OSEPH AS DECEASED EVER IN U.S. AI		CIAL SECURITY NO	17 INFORMANT		ADDRESS //	2AR ISOUR	all.
ond oge		ES. NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES)			42.0	7	A.	, ree.
De be		YES W.	10.11 316	09-641	JOHN K.	SPATES	DICKER		
BAI cote operior operior operior operior		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for	tot, (b), and ic	141	, 1)	1	BETWEEN	MATE INTERVAL MSET AND DEATH
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or or otic	18		DUE TO OR AS A	CONSTQUENCE OF	0			8	
deot deot deot fron, our	100	Conditions, if any, which	(1b) m	elasto	202.			1/m	en
he he emo	100	gove rise to immediate couse (a), stating the	DUE TO OBASA	CONSEQUENCE OF				1	
W. F. by the by the serve other	- 3	underlying couse lost	TOUR TO, OR AS A	CONSECUENCE OF					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cert attending physicion. Wet this certificate has been signed by the attending os the buriol-tronsit permit. Then please remove corbon th and Mental Hygiene prior to buriol, cremation, or ret orked or them 18 states, only injury, or other traumatic ex-	100	PART 2_OTHER SIGNISICAND	CONDITIONS CONTRIB	UTING TO DEATH B	T NOT RELAXED TO TH	E TERMINAL DISEA	SPER CONDITION	GIVEN IN PARTAGO	
quir quir sig fhen to b	8/	(1) in Lette		1. (2)	60 ha-	ela I	he	- the	
ECO No. 1	CERTIFICATION	No DIATE OF OPERATION	IN CONDITION F	OF WHICH OFFRAT	ON WAS PERFORMED	120e AU	OPSY? 1206 IF	YES, WERE FINDIN	GS USED
See of or	E					VEC O	INCE	RTIFYING CAUSES	OF DEATH?
VITAL No. The hysicion roote he roote he Hygien 18 show	ERT	21g. ACCIDENT WAS UNDERLYING	7 216 TIME OF INJUE	RY .	21r HOW IN IURY C	YES [NATURE OF INJURY IN ITEM	YES	NO 🗌
Phys phys phys phys phys phys phys phys p		OR CONTRIBUTING CAUSE OF DE			R	PECONNED (ENTER)	TATORE OF INJUST IN TIEM	TIO PARTI ORPART 2)	
SICIAL CERTIFICATION OF INCIDIATION	N.	(IF EITHER NOTIFY MEDICAL EXAMINE		19					
PHY tendir this he but and M and M	MEDICAL	21d. INJURY OCCURRED	(AT HOME STREET, FACT	JRY ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
NG officer of the orke		AT WORK AT WORK		0		20 1	1 00	0-/	
NDN Pose teolis		22a. certify that (1) (this hosp		sed from	, 19_	7, 10	ay di	19_66 , 11	hat (I) (we last
TITE Porto of to		sow the deceased alive or abave, (1) (we) (did) (did	May 28	19 06	ond that in (my) (🗪) o	pinion death occuri	ed on the date and	hour and from the co	ouses stated
OR ATT OR ATT DIRECTO		THE SIGHTAGUE	011	0	DEGREE			22c. DATE S	IGNED
0 4 0 0 0 4		/Jena	11. Cha	o mil) ATTEND PHYSIC	ING MEDICAL	STAFF	5/29	186
= 6 % 15 4 7		226/PHYSICIAN'S NAME / 172	OR PRINT)	- 100 17	22e ADDRESS	The board of	() Misicial	2/0/1	00
O P B B B A A	1	Honn 1	(Chas	e M.D	804 70	1/ 1/-	uso A	100 tron	lasto
My with 10	22- 0	IDIAL CREATION (RECOVER	- CV(U)	122 NAME OF	CENETEDY 00 000	76	u) < //	1 1 60	101
		URIAL, CREMATION REMOVAL	23b DATE	CSC. NAME OF	CEMETERY OR CREMA	TORY 23d LOC	ATION TY OR TOWN	COUNTY	The state of
BP	24.5	BURIAL	5/31/198	16 MC	NOCACY		USUILLE	MOUTE -	43
DHMH - 16 60M 7/B4	24 FL	NERAL DIRECTOR	22111 BE	ALLS VILLE	Rel 12	So DATE REC'D. BY	REGISTRAR 756. REC	SISTRAR'S SIGNATU	RE
(VRA 15, 4)	ive	HILTOD)	BARNES	VILLE .	Md.	DIN DIE	DU PETULA	MAN HOST A- A Park	



FOR - STATE REGISTRAR

4. RACE

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and 101.

IMMEDIATE CAUSE (o

Grace

Con Vonce

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

5. DATE OF BIRTH MONTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTIO

-	
REG	NO.

	REG. N	١٥.				
	20. DATE OF DEATH	MONTH	DAY	YEAR	2b HOU	R
н		5	2	86	07:	28
	6 AGE (IN YEARS LAST B	IRTHDAY)	IF UN	NDER I YEAR	IF UNDER	24 HRS
6	80	YRS.	MONI	HS DAYS	HOURS	MIN.
	9 BALTIMORE CITY					
	Freder	ick C	oun	ty,		M
7	120 USUAL OCCUPATION OF WORK FOR MOST Homemak	OF WORKING		26. KIND ONDUSTRY Home		SSOF

Frederick	4	Freder	ick	Memorial	Hospital		
	13b COUNTY	1130	CITYOR	TOWN	13d. INSIDE C	ITY LI	
Maryland	Fred	erick	Fre	derick	YES X	NO	

Savilla

white

7h CITIZEN OF WHAT COUNTRY?

U.S.A.

ITY LIMITS? YES A 15 MOTHER'S MAIDEN NAME

Emily

13e STREET ADDRESS / ZIP CODE 115 Frederick Ave., 21701

1101 403	0.	
160 WAS DECEASED EVER	IN U.S. ARMED FORCES?	
(YES NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES)	
110	TOUTE 1	

PART I. DEATH WAS CAUSED BY

166 SOCIAL SECURITY NO 17 INFORMANT 216-14-6424

Frederick Ave. Mrs. Betty Stockman, Frederick

Ramsburg

BETWEEN ONSET AND DEATH

NO [

STATE

ı		
ı	Conditions.	if ony, which
ı	gove rise	to immediate
1		stoting the
	underlying	couse lost

DECEASED NAME

Female 70. BIRTHPLACE (STATE OR FOREIGN

Maryland

14 FATHER'S NAME FIRST

Harmore

10 CITY OR TOWN OF DEATH

(TYPE OR PRINT)

3. SEX

-USL

DUE TO, OR AS A CONSEQUENCE OF

LAST

Troxell

Catherine

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190. DATE OF OPERATION
210. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY

BARAKAT

NON YES [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CERTIFICATION MEDICAL

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

3801

211 LOCATION CITY OR TOWN

20a AUTOPSY?

WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE
220.1 certify that (1) (this hospital)	ottended the deceosed from

DEGREE

and that in (my) (our) opinion death occurred an the date and hour and from the causes stated

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

22b. SIGNATURE

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL STAFF DIRECTOR PHYSICI

AN			
elich	em	217	10
			,

DIVISION OF VITAL RECORDS,

DHMH - 16 60M 7/84

MPORTANT:

230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECEBURIA)

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

23c. NAME OF CEMETERY OR CREMATORY Olivet Cemetery

23d LOCATION Frederick,

Frederick, Md.

22c. DATE SIGNED

Amith, Keeney and Basford Funeral Home

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

(VRA 15, 4)

A Company of the Comp dept territores Cartino Salvana John and Holliston fivilla ... or Section RII ... Section on Section of Detailings moderate antrocks with Mounts is worth OTA SOMEON TO BE The second of th

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and implet	Milton V		WIDDLE	Summers	Nann	ie	WIDDLE	Grossni			
on and co		WAS DECEASED EVER IN 1YES NO OR UNKNOWN) 110	U.S. ARMED FORC (IF YES, GIVE WAR OR DA		Vernon A.	Summers,	Jr. Mi	324 Mt. Ta iddletown	MD21/69		
g physicia g physicia an paper removal.		PART I. DEATH WA	(Enter only one caus S CAUSED BY, MMEDIATE CAUSE (pe per line for ta), (b), and ic a) Parkinson	's disea	Se_		APPRO: BETWEEN	XIMATE INTERVAL I ONSET AND DEATH		
		Canditians, if any, gave rise to imme cause (a), stating underlying cause	which diote	O, OR AS A CONSEQUENCE OF b)O, OR AS A CONSEQUENCE OF							
en sane The bur injury, a	ATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a									
he law an. has been to permit permit in permit	CERTIFICAL	190 DATE OF OPERATION	on 19h C	ondition for which operation	DN WAS PERFORMED	200 AUTO		IF YES, WERE FIND! ERTIFYING CAUSES YES			
CIAN: T	A	210 ACCIDENT WAS UNDER OR CONTRIBUTING CA	USE OF DEATH HOU	ME OF INJURY IR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OC	CURRED (ENTER NAT	TURE OF INJURY IN ITE	M IS PART I OR PART 2)			
offendin attendin ter this c s the bur n and Me	MEDIC	21d INJURY OCCURRE	(AT HO	ACE OF INJURY ME STREET FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	with all	CITY OR TOWN	COUNTY	STATE		
spital ar CTOR: Af- Ifar use o af Health		saw the deceased		forl 24 10 86 0	nd that in (my) (aur) api		Mary 11	d haur and Iram the	that (we) last e causes stated		
IAL OR y y the ha RAL DIRE detached fote Dept AT: If them		77k SIGNATURE	M lags	lepan 1		MEDICAL AN DIRECTOR	STAFF PHYSICIAN		SIGNED		
etained by TO FUNER, should be d with the Sta		Marc Rapha	- 1	.D.	4 W 7th S	t., Frede	rick, M	21701			
BP		BURIAL, CREMATION, RI	EMOVAL 236. DAT	14,1986 Mt.Zion	U.Methodis	t Myers		rederick	Maryland		
VHMH - 16 60M 7/84 (VRA 15, 4)		icketts Fur	eral home	Myersville, M	4D 21773 1250 N	IAY 19 19	GISTRAR 256. RE	Davidson A	ndem :		
									7		

STATE OF MARYLAND

2h HOUR

HOURS

176. KIND OF BUSINESS OR

IF UNDER) YEAR

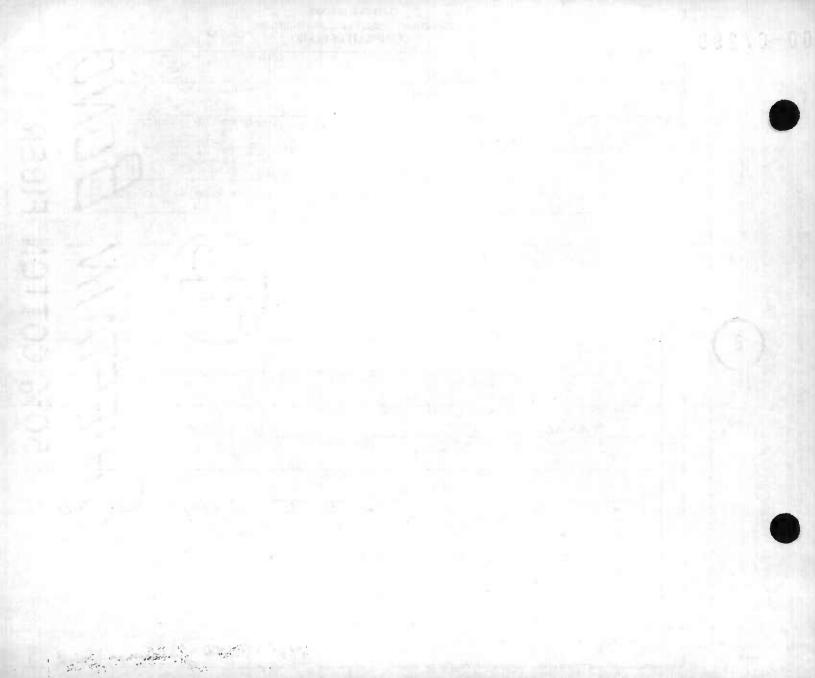
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IF UNDER 24 HRS

Farm

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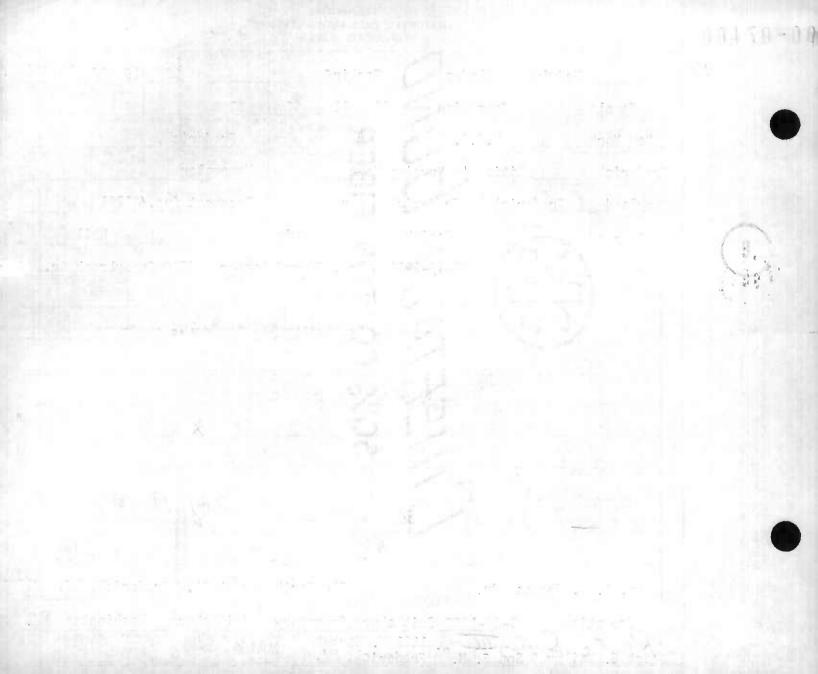


pogess1201 N. Market

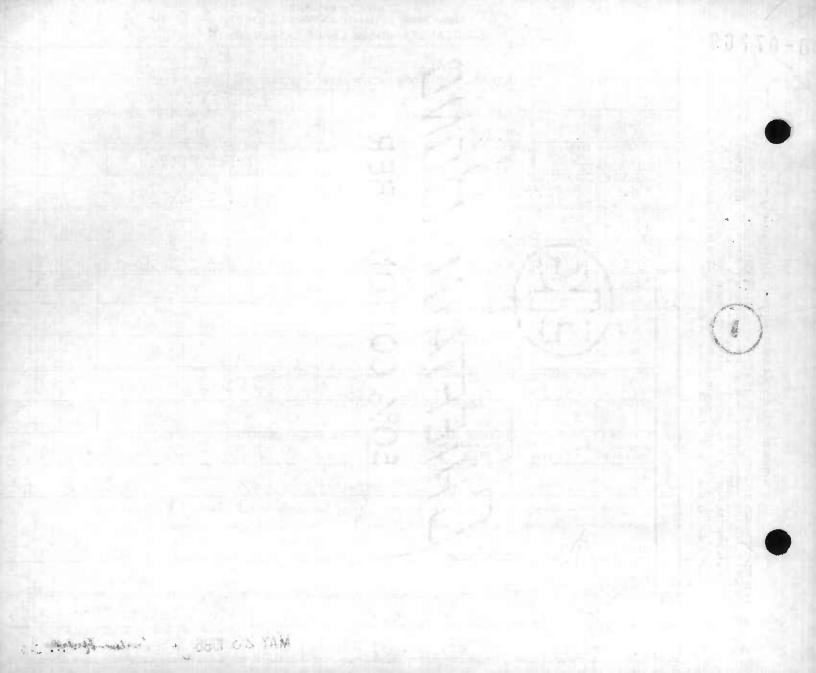
H. PA Frederick, Md.

250 DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)



XX			FOR TEM / STATE	8a -	229	DEPARTMENT	STATE OF A	AARYLAND I AND MENTAL I	200		1 4	5 8	5
0 - 0	7769		REGISTRAR /	17-8	G CN ME	DICAL EXAM	INER'S	CERTIFICATE	OF DEATH		3. NO.		
0 0	100		CEASED NAME E OR PRINT)	FIRST		WIDDLE		LAST				DAY YEA	R 26 HOUR
1	SESSE E	3 SE)		RONALD		Wayne		RNICK		TH MATE	MONTH	16 1981	
6	STEE SEC	3 SE)			S DATE OF BIRTH	YEAR LAST B	RTHDAY) MONT	DER 1 YR. IF UNDER	MIN PRON	DUNCED	MONTH		4-40
	NA CAR	Zn/Ri	RTHPLACE (STATE OR	W	1 2	1949 37	YRS.			TIMORE CI	5	16 1980	
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	70000	10. CI	Md TY OR TOWN OF DE.		II. NAME OF HOS	PITAL, NURSING H	OME, OR OTH		12e USUAL OC		TICK CO	126 KIND OF	
	PAGE PAGE		Frederick	1	I-270 r	chity, give street addr	30		Truck	Driv	er	OR INDU	STRY
10212	ANY O AND 3 RECORD	13a S	AL RESIDENCE IF INNE	Hab. GOLD		134 SWan Co			Rt. 1	Box	200	21	561
MD.	7.780F11	14 FA	THER'S NAME	7,513	MIDDLE	LAST		15. MOTHER'S MAID	ENNAME	MIDDLE		LAST	
NE.	A SE		Loyal		М.	Warnick		Nida				Paugh	
DWIL	C SECRET	16a. V	VAS DECEASED EVER	I IF YES, GIVE V	WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT		ADD	RESS		
BAL	SAR GENERAL STATE OF		Yes	Viet		214-52-		B. WArni	ck Box	200	Swant		
1	ME DI		18. CAUSE OF DEAT PART I DEATH W	H (Enter onl	y ane cause per line	pr (a), (b), and (c)	1 / -	Tro				APPROXIA BETWEEN O	NATE INTERVAL
NO	A SERVE	3	8/60	IMMEDIAT		21110		Traum	-				
193	TANKS		Canditions, if	any, which	DUE 10, OR	AS A CONSEQUEN	ICE OF						
2	E STATE OF THE STA		gave rise to cause (a) stating		(b)	AS A CONSEQUEN	ICE OF						
201	B28332		lying cause last		(3)	NO N CONGEGOE							
.0	ANGEN		PART 2 OTHER SIGNIFICAL	IT CONDITIONS C	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEAS	E DR CONDITION GIVEN IN PA	IRT A (a).				
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DIVISION OF VITAL RECORDS.	HEA HEA	CERTIFICATION	19a. DATE OF OPER		196. CONDI	ION FOR WHICH	PERATION W	AS PERFORMED?				20 AUTOP	SY?
AT.	E SHOULI WORD "P E CHIEF BE USED INT OF HE BURIAL.	TE										YES G	NO 🗆
9	THIS CERTIFICATE SHAMENDE THE WORNWARDED TO THE CHARGE 3 SHOULD BE LATE DEPARTMENT OF THE CHARGE TO BURN TO BU		210 EXTERNAL CAU		11b. TIME OF		YEAR, 21c H	OW INJURY OCCURR	ED LENTER NATURE	OF INJURY IN IT	EM 18 PART 1 OR P	ART 2)	1 4
NO NO	AR AS	MEDICAL	CONTRIBUTING	CAUSE OF D			86 DI	ive of 1	ractor	10a	1/257	hat Los	tConled
N SIVE	DED SE	MED	21d. INJURY OCCUR WHILE W NOT		The PLACE O	OF INJURY (AT HOA (ORY, FARM, ETC.)	AE, 211 LO	CATION	CITYO	RIOWN	c c	OUNTY /	STATE
D	E, WRIT RWARDI RWARDI RWARDI STATE STATE C, 21201	1	WHILE NOT	/ORK	KO	ad	17-0	270 Nearly	80		trad	eck	m
	MEDICAL EXAMINER: TOUTE THE CERTIFICATE, E 4 SHOULD BE FORM UNREAL DIRECTOR; P. R. DEATH, WITH THE ST IMORE, MARXLAND, 2	73	22a I certify that	I took charge	e af the remains des	cribed above, held	an Autop	sy X. Inspectio	in . Inqu	DIFY .	and in my o	pinian	
	MER PER PA		death resulted from	n: Nature	al causes .	Accident .	Suicide	, Hamicide .	Undetermine	d manner			
	CER CER		ACTUAL /	11	120	1		TITLE (SPECIFY)			DATE		511X
	SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW		SIGNATURE	INV	1 X	0		D Assistar	T_MEDICALE	KAMINER	DATE	5-16	-86
	MED AND AND AND AND AND AND AND AND AND AN		EXAMINER'S NAME (TYPE OR PRINT)	Ann	M. Dixon	M.D.		ADDRESS. 11	1 Penn	St., 1	Balto.,	MD 2	1201
	TO ME EXECUTE PAGE AFTER BALTIN	23e. B	URIAL, CREMATION,	REMOVAL 23	36 DATE	23r. NAME OF	CEMETERY O	R CREMATORY	23d. LOCATIO	N			
07/84	1-1	(5	Buria Buria	1	5/19/86	Task			Walnu	it Bo	ttom	Garret	tare Md.
25M	DHMH - 17		JNERAL DIRECTOR		ADOPESS		0.000	25e DATE	Z 3 198	TRAR 25b	REGISTRAR'S	SIGNATURE	
	(VR A15 ME (5))	D	A. Burd	ock K	itzmill	er, Md.	21538	MAI	23 198	0	· · · · · ·	-	



24 FUNERAL DIRECTOSmith, Keeney & Basford Funeral Home

.06 Fast Church St., Frederick, Maryland 21701

DHMH - 16 60M 7/B4

(VRA 15, 4)

25g. DATE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

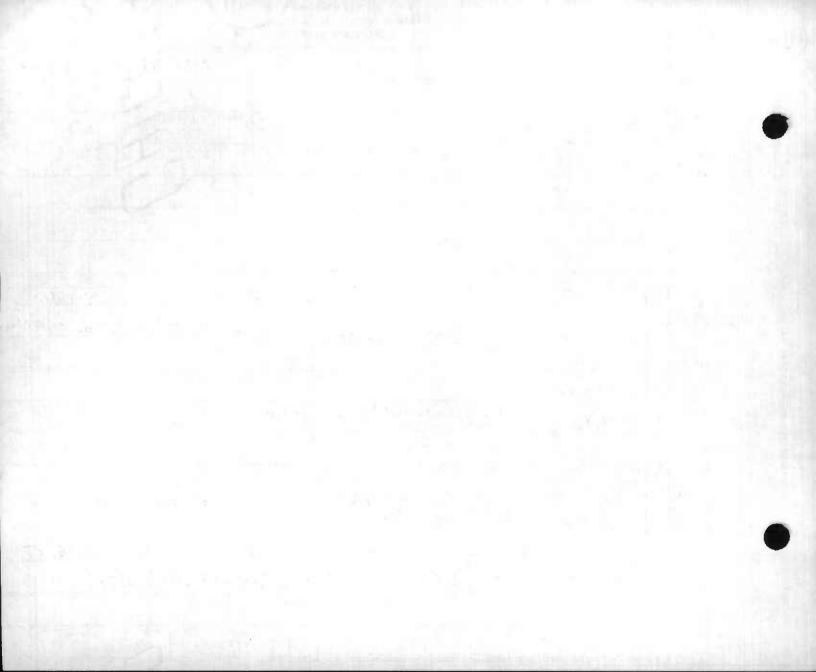
STATE OF MARYLAND

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		1			STATE OF MARYLAND		25 25			
	7701	1.	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE O	501			
00-6	07721		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.				
	n m =		CEASED NAME FIRST OR PRINT)	WIDDIE	LAST	11 1 - 1. 1	DAY YEAR 26 HOUR			
	9 60 6	1	MARY	JANE	WILHIDE		986 8154 M			
	fer p	3. SE	X	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.			
-0000	s o s	200	EMALE	WHITE	08 08 10	75 YRS				
	1221	7a B	RTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH			
•		1	MD	USA	WIDOWED DIVORCED	FREDERICK	MD.			
	E 18/11/		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	12b. KIND OF BUSINESS OR			
5	1 No. 1 / 14	F	REDERICK		EMORIAL HOSPITAL	BAKERY	FOOD			
ARYLAND 2120	V MENT	USU.	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	130 STREET ADDRESSWalke				
2	1 10	MI			RSVILLES XX NO	6 Fulton Ave				
N.	4-32	14. FA	THER'S NAME		15 MOTHER'S MAIDEN NA	AME				
A A	\$ \$V(30)		FLOYD	CRAMP!	FON ELLIE	MAE HT	LDEBRAND			
wi	zeroficate be executed physicani obdicar back paper, flager for remanding revent, the medical	16a V	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SE			kersville,MD			
WO		0	res, no or unknown) (IF yes, Giv	N/A 215-1	0-2512 Patricia	Wenzel 10 Fult				
ALT				nly ane cause per line far (a), (b),		MEHZET TO LUIT	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH			
10			PART I. DEATH WAS CAUS	ED BY	arrest denorth	Il mic	menutin			
5			IMMEDIA	TE CAUSE (a)	and the same	3	Mariages			
0	man and		Conditions, if any, which (b) adamomum & Carcumma of Carcum - lymph mode & morth							
PRESTON	to a property of the property		gave rise to immediate							
3	i fox eequires that it as been signed by th aevant. They please is in prior to burnd, cret is any layary, or other		cause (a), stating the DUE TO, OR AS A CONSEQUENCE CON							
201			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
DS.		Z	Chemia Conditions Contributing to death but not related to the terminal disease or condition given in part 16							
RECORDS		CERTIFICATION	190 DATE OF OPERATION	TIGH CONDITION FOR WHICH	TH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED			
#		5	5/1/86		HOPERATION WAS PERFORMED		YING CAUSES OF DEATH?			
A	40 40 4	E	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		YES NO YE				
>	#1 815 EO		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	TALD TENTER PRIORE OF HADRE HE HER IS, F	ACTION FACE			
2	15 a a a a a	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	21f LOCATION					
NOISINI	the state of the s	ME	WHILE IN NOT WHILE IT	(AT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE			
S S	A STATE OF THE STA				9411 51	1-1211				
	N 1 8 1 1	4		oital) attended the deceased from	6/ /	death accurred an the date and hou	19, that (I) (#e) last			
-	F 4 C 5 F 5 F 5 F 5 F 5 F 5 F 5 F 5 F 5 F 5		abave, (l) (€e) (did) (did no	at) view the bady after death.	DEGREE	- death accorred an the date and had				
•	ffal OR by the hy the hy detoche thate Depth thate Depth ffall if the		A SONATORE	1	AA A ATTENDING	MEDICAL STAFF _	221. DATE SIGNED			
			2 PHYSICIAN'S NAME (TYPE	rones to	PHYSICIAN	DIRECTOR PHYSICIAN	5/26/8/			
	O HOSPITA FOR FUNERA F		A.M. C.C. E	STONER, UR		SVILLE, Md. 2	1702			
	TO HOUSE		OTTINES C				1793			
			BURIAL, CREMATION, REMOVAL SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE			
	BP		BURIAL		Blade Cemetery		Frederick M			
DH	DHMH - 16 60M 1/75	24 FI		Douglas Stau	TTCT	TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE			
	(VR A 15 (4))		621 Opossumt	own Pike, Fr	ederick,MD MAY	27 1986 1 1000				



W. W. CHAMBERS CO. INC.

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DRIAN SER . MAY 13, 1745 MEDIFERM DECREE OF STREET, P.O. C. L. M. .

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG, NO.	i	4
	KLO, 140.		

	1 DECEASED NAME	FIRS1		MIDDLE	ı	ASI		20 DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR
	(TYPE OR PRINT)	Goldi	e	May	1	WISNER		Ma	y 16, 1	986	2:00A
	3. SEX		4 RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Femal	le	Whit	e	Mar	ch 6	1887	99	YRS	MONTHS DAYS	HOURS MIN.
)	70 BIRTHPLACE SATE COUNTRY Maryland	E OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 U.S.A. MARRIED 11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, STREET ADDRESS 1673 Shooks town Road			ME OR OTHER INSTITUTION		BALTIMORE CITY OR COUNTY OF DEATH Frederick County			
0	Frederic							120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKET 12b. KIND INDUSTR' HO			
	USUAL RESIDENCE (IF 130. STATE Maryland		other institution NTY lerick	GIVE RESIDENCE BEFORE		13d. INSIDE	CITY LIMITS?	13e.STREET ADDR 1673			, 21701
1	14 FATHER'S NAME FIRST Luth				IS MOTHER'S MAIDEN NAME FIRST Evealine MIDDLE				Į.A.	Griffit	
	160 WAS DECEASED E	(IF YES, GD	MED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 217-32-7		1		uby W. Bi sville, l			ck St.
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)							APPROX SETWEEN	MATE INTERVAL ONSET AND DEATH		
	Conditions, if	any, which		R AS A CONSEQUE	NCE OF		12.2	-0 00	500100	_	
	gove rise to immediate couse (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) / M 30/H(L) +								4	925	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
2	190 DATE OF OPERATION 196. CONDITION 210 ACCIDENT WAS LINDERLYING 1 236. TIME OF IN			ITION FOR WHICH	WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200 IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES NO YES NO			
7	21a. ACCIDENT WAS		216 TIME O	FINJURY M. MONTH DA	AY YEAR	21c. HOW	INJURY OCCURE	RED (ENTER NATURE C	F INJURY IN ITEM 18	PART I OR PART 2)	

MEDICA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 220.1 certify that (1) (this hospital) ottended the deceased fram

21e PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE, FARM, ETC]

DEGREE

211 LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

220 DATE SIGNED

COUNTY

Dr. P. Gregory Rausch

4 West Seventh St., Frederick Md. 21701

MPORTANT.

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR

ould be detached for

230 BURIAL, CREMATION, REMOVAL Burial May 19, 1986

NOT WHILE

23c NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 23d. LOCATION Frederick, Frederick, Md. STATE

accurred on the date and have and from the causes stated

24 FUNERAL DIRECTORS MITH, Keeney & Bastord Guneral Home 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 106 East Church St., Frederick, Md. 21701

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to 1000 at a first garage variable, deturing the the seems of a second recent waters of your - . . . to the one of the property of the second of

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR Bessie D. Zimmerman REG. NO . DECEASED NAME 2a. DATE OF DEATH 2b. HOUR TYPE OR PRINTS BESSIE ZIMMERHA-1986 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Sept. White Female To BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED coMaryland U.S.A. Frederick County. WIDOWED M. CITY OR TOWN OF DEATH IF. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker INDUSTRY Frederick ME POINCE ENTY. NEUTRE ATES USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Patrick St. Frederick 13d. INSIDE CITY LIMITS? 131 STREET ADDRESS rederick Maryland YES THE NO I 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AAIDDIS Dorsey Albert MIDDLE Mettie Klees 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. "Mrs. Kathleen G. Huskey (YES NO OR UNKNOWN) Main St., Westminster, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 800 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Gastro tetal IMMEDIATE CAUSE (o.) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION , wasc 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK YES [NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC) STREET CITY OR TOWN COUNTY STATE NOT WHILE 1106067 22a 1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 17 MAY 82 MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS d b 804 Toll House Ave. Fred. Md. 21701 George I. Smith, Jr. M.D. shoul with 230 BURIAL, CREMATION, REMOVAL THE DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 20, 1986 Mt. Olivet Cemetery Frederick Frederick Md. BP HOM 360. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 Church St., Fred. Md. 21701 (VRA 15, 4)

AND ROLL OF STREET 2 Mal manag Unia mabagai hamilwen i 223-27-12Wg geld's S., Ver Lucinter, Md. Ed. ESTAN DE CENTRE DE CENTRE DE LA CONTRACTION DE LA CONTRACTION DE C to altroper delenger versome tavil . I carlo En 1. Natur TOTAL SERVICE AND AND THE STATE OF IN A SERVICE AND A SERV